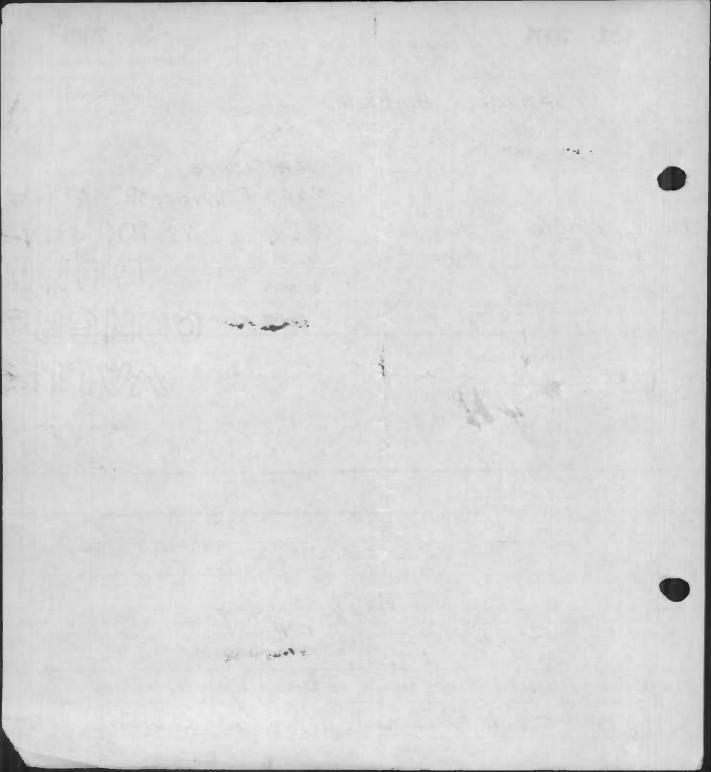
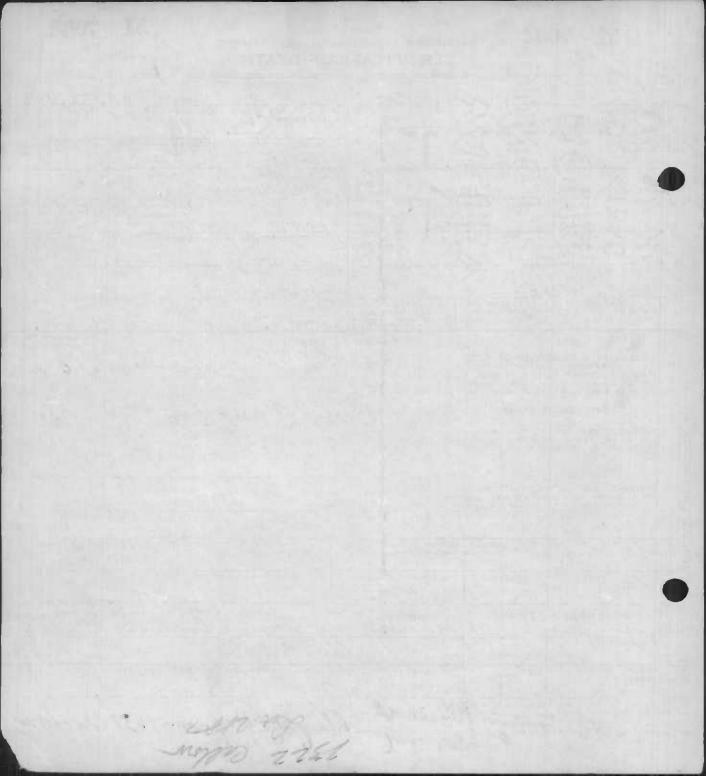
51 7001

BIRTH NO.	CERTIFICATI	E OF DEATH	Registered	1 No
1. NAME OF DECEASED (Type or Print)	Highki	N	2. DATE OF DEATH	G 1 2 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	J	4. USUAL RESIDENCE	(Where deceased lived, B. COUNTY	If institution; residence before admis ion
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR INSTITUTION HOPKINS HOS	on sive street address or location)	Md.		nits, write RURAL and viv
c. Length of stay in Baltimore	Yrs. Mos. Days	5303 Ft	frural, give location)	st
Male White 7. SINGLE WIDOW 10A. USUAL OCCUPATION (Givekinde) 10B. KIND.	MARRIED. ED, DIVORCED (Specify) ANNUAL OF BUSINESS OR	8. DATE OF BIRTH 18. 76 11. BIRTHPLAC (State or	9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Min
vork done during most of working life, even if retired) Cloth	ing INDUSTRY	Russia		USA COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME	
Unknown 15. WAS DECEASED EYER IN U. S. ARMED FORCES?		Unknown		
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	KINS HOTTI	ADDRESS
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	(B)	al bascular	. 2 C i C	-7 4 day
	FINDINGS OF OPER	ATION		20. AUTOPSYR
VONC. 21a. ACCIDENT WAS UNDER: 21a. PLAC	CE OF INJURY (e. g., ir	or 21c. WHERE DID	(If in Doltiman City	yES NO 2
LYING OR CONTRIBUTING about home, far CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 2 W	IE. INJURY OCCURRE HILE AT NOT WHILE WORK AT WORK	(c.) INJURY OCCUR?	RY OCCUR?	57, that I last saw th
deceased alive on 8 - 12 - 1957, a	nd that death occur	red at 13 Hm., from 3B. ADD SINS HOPKE		the date stated above
24A. BURIAL, CREMA- TION REMOVAL (Specify) 8/12/51	Beth Isaac-Ac		Location (City, tow Ltimore, Mary	
DATE RECEIVED BY REGISTRAR'S SIGNATURE AUG 2 1951	Master Mall	Jol. hlmson	4 Brs -	ADDRESS 1124 - 26 W
VS 150	Section and the section of the secti	084069	8 9839	North are



51	7002

346 51 7002 BALTIMORE SITY H		51 7002
BALTIMORE CITT HE	E OF DEATH	Registered No
1. NAME OF DECEASED	2. DA	
(Type or Print) Thomas D. Butler	DE.	ATH Aug. 11,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		ceased lived, If institution; residence . COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	11	
INSTITUTION	C. CITT OR TOWN (III outside	corporate limits, write RURAL and give
3915 Woodlea Ave.	Baltimore p. STREET ADDRESS (If rural, gi	ve location)
c. Length of stay in Baltimore life Mos.	3915 Woodlea Av	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AG	E (In years) N Under I Year If Under 24 Hours
male white married (Specify)	2/27/78	t birthday) Months Days Hours Min.
IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign co	untry) 12. CITIZEN OF
work done during most of working life, even if rotired) INDUSTRY Glaser retired	Baltimore	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Martin Butler	Francis Ford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
215-07-3721	Laura E.Butler 39	15 Woodlea Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., lieart failure, asthenia, etc. It means the disease, injury or complication which caosed death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	Train a teriosco	estic files 10 ps
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., i. about home, farm, factory, street, office bldg.,		ltimore City, give exact location)
Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK AT WORK		R?
22. I hereby certify that I attended the deceased from	(nº 10, 1942, to lug 1	195, that I last saw the
deceased alive on the death occur		ses and on the date stated above
23A. SIGNATURE Harry Colombia M.D.	23 B. ADDRESS 23 - 10 10 10 10 10 10 10 10 10 10 10 10 10	23c. DATE SIGNED
24A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATIO	ON (City, town, or county) (State)
Burial 8/14/51 Holy Rede	emer Baltim	ore Md.
DATE RECEIVED BY REGISTRAR'S SIGNARURE,	25. FUNERAL DIRECTOR	address 1639 Karadwall
AUG 150 1951	06990	Ø20



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7003

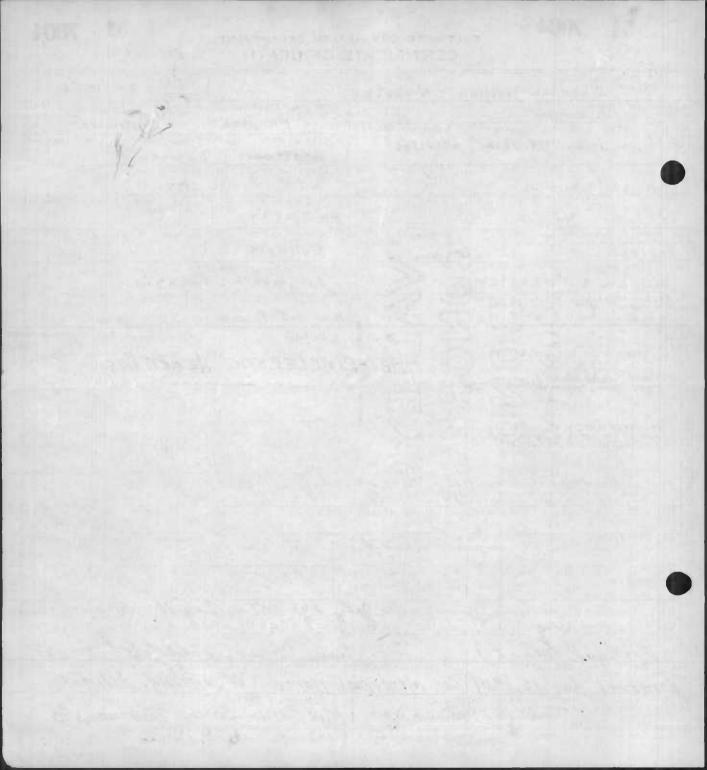
BIRTH NO.	CERTIFICATI	E OF DEATH	Registe	red No
1. NAME OF DECEASED (Type or Paint) NRY WAGNE	R		2. DATE OF DEATH	0/0/=1
a. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE		red. If institution; residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	ution, give street address or location)	c. CITY OR TOWN	(If outside corporate	e limits, write RURAL and give
OSITE FORT AVE	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	1, 1 D.
c. Length of stay in Baltimore	Days	1517E	FORTF	ALF
M M	LE. MARRIED, WED, DIVORCED (Specify)	7/9/43	9. AGE (In year) 1 it hirthda	Months Days Hours Mill
ork dune during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAID	NAME	lais.u.
WAGNER	2	Unoffero	in my	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	N R S W	AGNET	ADDRESS
18. 420.1.		OF DEATH	110110	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e	1/1	to Coronay	Icalysem.	15 hour
heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,	1 , 0, 1	/	***************************************
ANTECEDENT CAUSES	(B) Ma	lepronet bly	per lander	10-15/2
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO QUE	undered Carler	Silenses	10-157
	(C)	0		
OTHER SIGNIFICANT CONDITIONS C		esits		30-90%
TO THE DISEASE OR CONDITION CAUSING	IT. OR FINDINGS OF OPER	M. T. C.		1 20. AUTOP5Y?
A SAL DATE OF OPERATION	R FINDINGS OF OPER	ATTON		YES NO
	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		(If in Baltimore	City, give exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
m.	WORK AT WORK	949	8-9-51	40
22. I hereby certify that I attended the deceased alive on 2-1-1 , 19	and that death occur	7.7 (, 19 , t	com the causes and	19, that I last saw the
23A. SIGNATURE		3B. ADDRESS	15/12	23C. DATE SIGNED
24A. BUNIAL, CREMA: 24B. DATE TION, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City,	town, or county) (State)
BURIAL 8/12/51	SCHYLRT	C (C 1		YORE MD.
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNAL	Tellianus, Max	25. FUNERAL DIRECT	FD:00	1501 E FOOT NO
VS 150		780550	0 0 1	gua
	1 " " 1/	Q		

JUNE BASMITORE 09 330/01/34 THE COLUMN THAT BY A STEEL FOR THE SE 10 Refused the Mandage Toller of the Book . The second result was the second results. The same of the sa

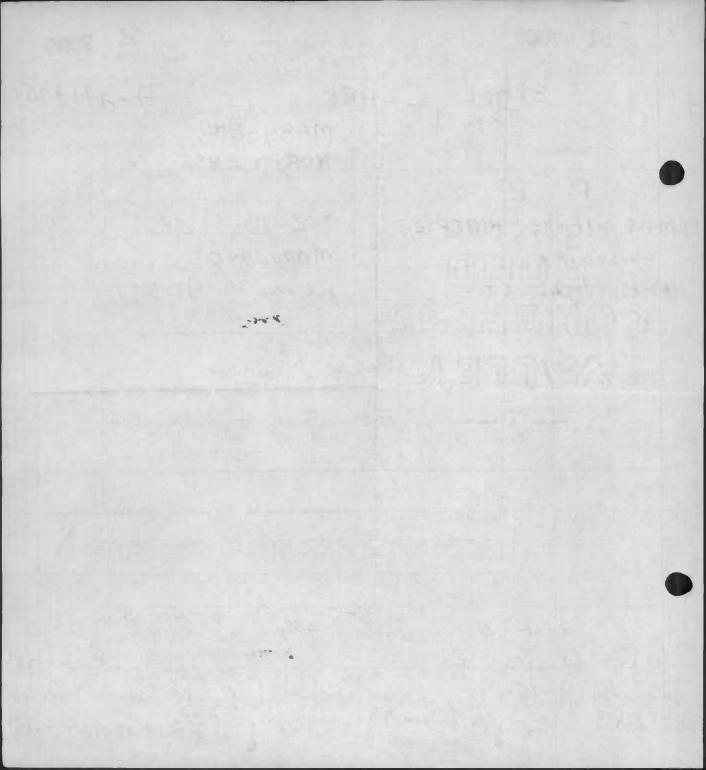
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7004 Registered No.

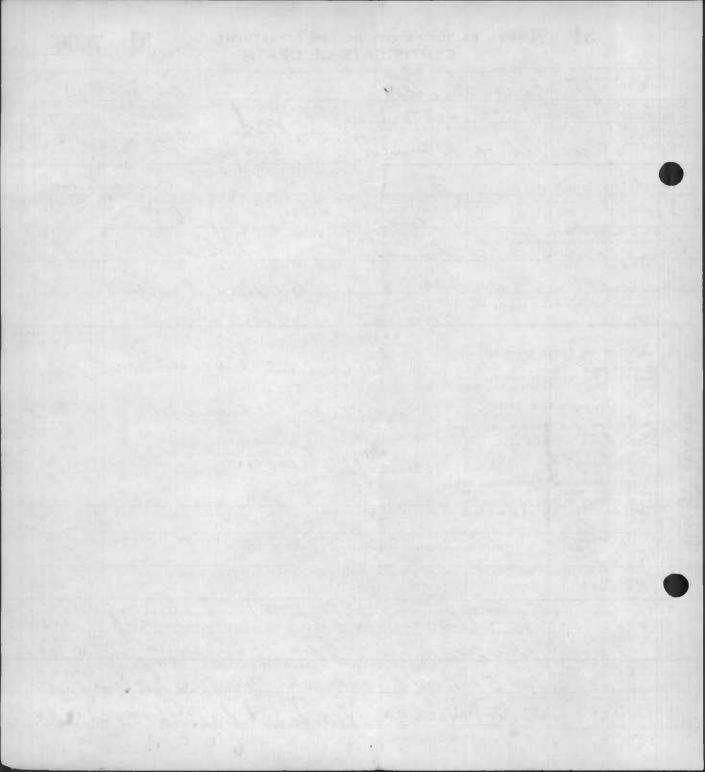
BI	RTH NO.						
	NAME OF D ype or Print)		Villiam	Webster		2. DATE OF DEATH	-11-51
A.	PLACE OF D Baltimore (City, Maryland	al or inctituti	on, give street address or	4. USUAL RESIDENCE A. STATE Many land	B. COUNTY	If institution; residence before admission)
H	SPITAL OR STITUTION			HOSPITAL location)	c. CITY OR TOWN		nits, write RURAL and give township)
		tay in Baltimore		7 Yrs. Mos. Days	258 Rid		5302
5.	M	6. COLOR OR RACE		. MARRIED. ED, DIVORCED (Specify)	Ap. 2, 1874	ワク	Months Days Hours Min.
10 work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	Willia	m D. Webs	ter		14. MOTHER'S MAIDEN	Tohn stor	1
15 (Yes	WAS DECEASING BO OF UBKBOWB)	ED EVER IN U, S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mys. B. T. Papis	1 5	ADDRESS
	18. 1.	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
IIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA not mean the mode of the asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ans the diseas caused death SES F ANY. GIVIN STATING TH	(B)	Plosche Rotic	HEART ()	Vs. (
CERT	TRIBUTIN	GIGNIFICANT COND. G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D.			
i.	19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)		CE OF INJURY (e. g., is sam, factory, street, office bldg.,		(If in Baltimore City	yes No No No yes, give exact location)
Ć	ID. TIME	(Month) (Day) (Year)		VHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJU	IRY OCCUR?	
24 TI6	22. I hereb deceased a 23A. SIGNA 23A. BURIAL ON REMOVAL (S	CREMA 248 DATE	19 <i>5</i> [,	and that death occur	Ad at 9:30 Am., from	n the Juses and on Location City, town	8-11-57
	ATE RECEIVE		SSIGNATU	liams, Mr	John Burns'	Carac	son, Md.
	VS 150	" Marie	The second second	parallamenti 45	10006	9 9 2	920



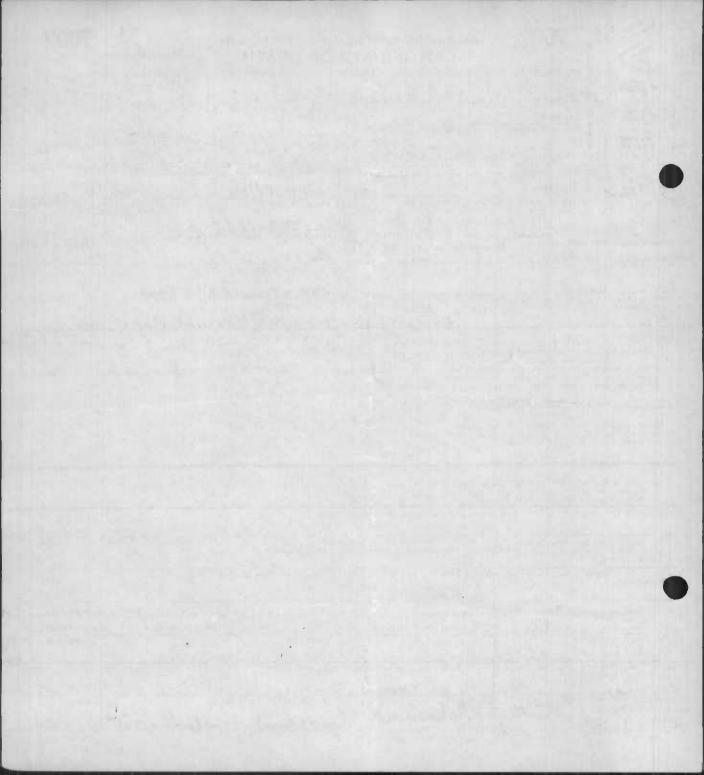
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	E OF DEATH E OF DEATH Registered No.	
1. NAME OF DECEASED ETHEL CLA	RK 2. DATE OF DEATH AUS 11,1951	
a. Baltimore City, Maryland Tha 1	4. USUAL RESIDENCE (Where deceased lived, if incitution residence A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR Location) INSTITUTION JOHNS HOPKINS HOSPITAL		
Yrs, Mos,	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year II Under 24 House	
FEMALE WhitE MARRIED (Specify	9-2-98 last birthday) Months Days Hours Min.	
Work done during most of working life, even if retired) 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ANNA M. ABBOTT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or maknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITABORESS	
18. LLLL CAUSE	OF DEATH [INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	rential Hypertensian	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON- ITIBUTING TO THE DEATH, BUT NOT RELATED		
TO THE DISEASE OR CONDITION CAUSING IT		
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)	
CAUSE OF DEATH Time (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		
deceased alive on 8-11-, 1951, and that death occu	-7-301951, to 8-11-, 1951, that I last saw the	
	rrcd at, from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23c. DATE S	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	10 12 123	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
AUG 121951 tutte for Miliame, Mil	Hoseph of hour north Cay	
VS 150	000000000000000000000000000000000000000	



PASETSER BALTIMORE CITY HEALTH DEPARTMENT Registered No 7006 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OF TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs D. STREET ADDRESS (If rural, give Jecation) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR DE RACE 7. SINGLE, MARRIED 9. AGE (In years | # Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) birthday | Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even Tretired) INDUSTRY WHAT COUNTRY? House War 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMAT ADDRESS (Yes, no or unknown) SECURITY NO 1212 INTERVAL BETWEEN 4 4 x X 1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that Vattended the deceased from. 190 I, that I last saw the deceased alive on 1 / 3 , 19 ... and that death occurred at. _m. from the causes and on the date stated above. 23A, SIGNATURE 23B. AODRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION Wity, town, or county (Classica) DATE RECEIVED BY REGISTRAR'S SIGNA 25. FUNERAL ADDRESS LOCAL REGISTRAR VS 150



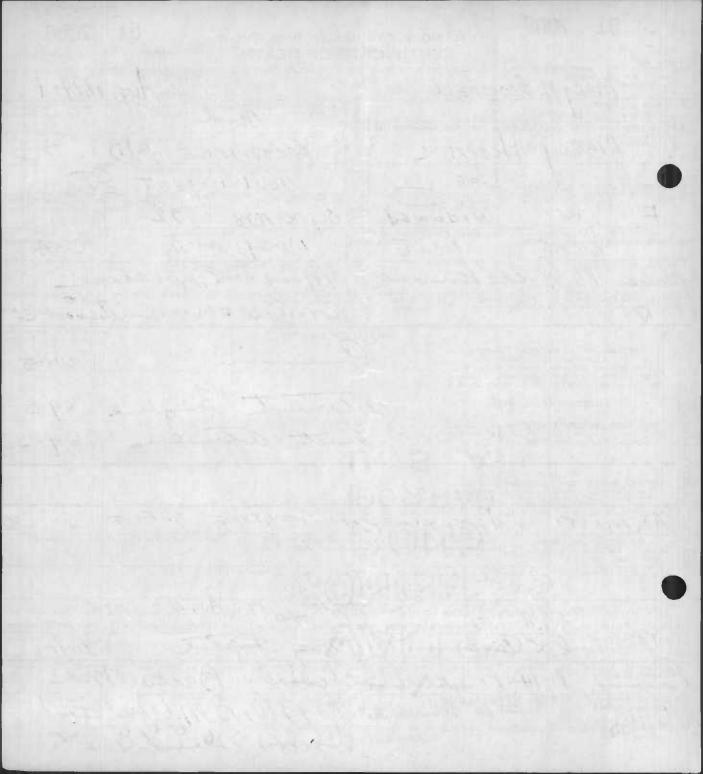
SHO	
51 7007 BALTIMORE CITY H	EALTH DEPARTMENT 51 7007
CERTIFICAT	TE OF DEATH Registered No
BIRTH NO. I. NAME OF DECEASED	
(Type or Print) KNELL WilliAM AN	DREW PEATH 8-10-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address of	Marrhand Baltimore Cit
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAI) and give township)
25-Yrs.	Joanney City (188)
Mos.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify	May 30-1888 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Current Shirt Factory	Balto. City (4.5 A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Henrietta Rostfager.
(100, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	OF DEATH
DISEASE OR CONDITION DIRECTLY	Comany Theory on DNSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	us condial right til
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TD	
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
	YES 🔊 ND
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from B	195, to 8-10, 195 that I last saw the
	rred at 8 2 2m., from the causes and on the date stated above.
Low W. Some M.D.	23B. ADDRESS
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY DR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 8/14/51 Parkwood.	Gen. Balto Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS
AUG 1 3 1951	Lassahu Fernand Home 7401 Belais Rd.
VS 150	5.10
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BALTIMORE CITY HEALTH DEPARTMENT 1. NAME OF DECEASED (Type or Print) ARM M. DROMNELL 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR

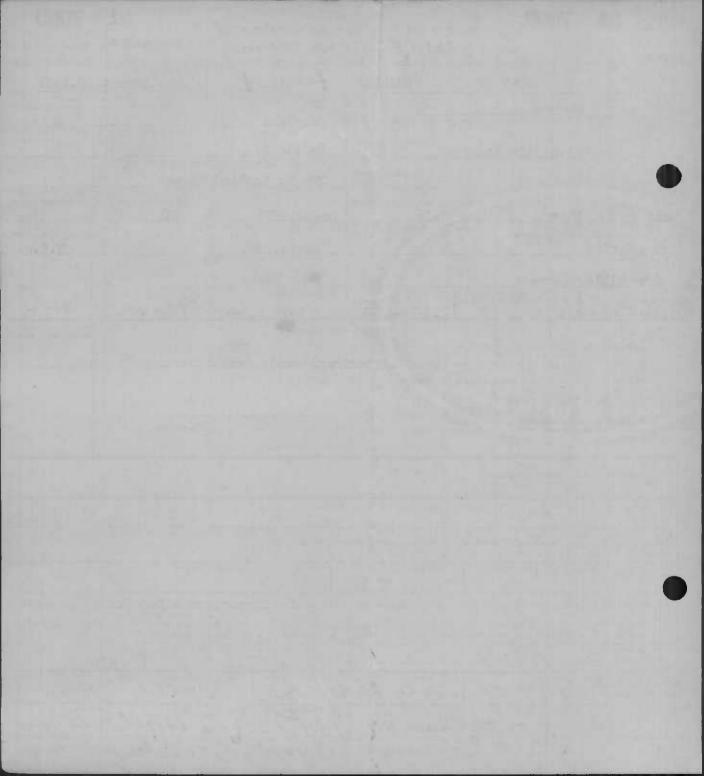
51 7008

Registered No. CERTIFICATE OF DEATH 2. DATE DEATH? 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Yrs. Mos. 900 WILMONT mength of stay in Baltimore Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (in years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of wooking life, even if retired) VONE FATHER'S NAME MOTHER'S MAINEN NAME any 1000 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. BROMWELL WILMON INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ũ RTI 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198 MAJOR FINDINGS OF OPERATION GAMERENE 19 A DATE OF OPERATION 20. AUTOPSYT C. FOUT AUG 10, 195 TRIEROSCOEROTIC YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 1951 and that death occurred at m from 22. I hereby certify, that I attended the deceased from , 19 , that I last saw the deceased alive on 1709. 11 m., from the causes and on the date stated above. 23 . SIGNATURE 23c/DATE SIGNED 23m ADDRESS mon BURIAL, CREMA-RAG. NAME OF CEMETERY OR CREMATORY V24D. LOCATION (City, town or county) State DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-2. DATE MILLER DEATH August 10,1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Maryland c. CITY OR TOWN B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give University Hospital Baltimore Yrs. o. STREET ADDRESS (If rural, give location) Mos 705 W. Lombard gth of stay in Baltimore Street Days 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. Male May 2,1871 Single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of, 108. KIND OF BUSINESS OR 12. CITIZEN OF rock done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Sea Faring Balto. Md. TI.S.A 13. FATHER'S NAME John Miller Cermack Dona Koska 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL 17. INFORMANT ADDRES5 (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NKNOWN 3-12-4501 Albert Vitek INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 194. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDICAL 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 2 D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the exidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident [], suicide [], homicide [], undeterm ned []. 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR BURIAL. NAME OF CEMETERY OF CREMATORY CR5MA-24D. LOCATION (City, town, or county), REMOVAL (Spyrify) alleged DATE RECEIVED BY FLINE BY AL COIN SCHOOL ADDRESS LOCAL REGISTRAR VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7010

00/00

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) If outside corporate limits, write RURAL and give INSTITUTION township. (If rural, give location) Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED Il Under 1 Year If Under 24 Hours AGE (In years) berbirth ay) Months Days Hours Min. IDOWED, DIVORCED Specify) April OCCUPATION (Give kind of 11. BITTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which esused death.) DUE TO ANTECEDENT CAUSES FICATION (8) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDIC 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from. , 19 1. that I last saw the 193 Am., from the causes and on the date stated above. deceased alive on_ ... and that death occurred at ... 23A. SIGNATURE 23B. ADDRESS 23C PATE SIGNED hundo MW My On 244 BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (Lity, town, or county) 24C. NAME OF CEMETERY OR DATE RECEIVED BY APTORESS REGISTRAR'S SIGNA FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150

- Mary v

51 7011 CERTIFICATE CORREC	EU_8-14-51
	EALTH DEPARTMENT 31 7011
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) RUDOLPH REPORTS Blum	enfeld 2. DATE Aug 12, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. SUAL RESIDENCE (Where deceased lived, It institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	Maryland -
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
U.S. Public Health Service H	6. STREET ADDRESS (If rural, give location)
Mos.	23/3 Winds Ave
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) # Under I Year # Under 24 Hours
WIDOWED, DIVORCED (Specify Married 10 / USUAL OCCUPATION (Give kind of 10B. KIND OF, BUSINESS OR	Feb. 7, 1892 last birthday) Months Days Hours Min.
work fone during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Blumenfeld	Mary Abrams
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. (Yes, no. og unknown) (If yes, givg war or dates of service) SECURITY NO.	17/INFORMANT A ADDRESS
(Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	Steel Dlumenhld - Dame
18. /54X CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	r p /
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	no carcinoma of Kectum 2 yrs
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	nor 21c. WHERE DID (If in Baltimore City, give exact location)
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, ferm, factory, etreet, office bldg, CAUSE OF DEATH	INJURY OCCUR?
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	7-1, 1951, to 8-12, 1951, that I last saw the
	rred at 7:454m., from the eauses and on the date stated above.
23A. SIGNATURE M. D. C. Green M. D.	23B. ADDRESS 23C. DATE SIGNED 8-12-51
248. BURIAL, CREMA- 248. DATE 240 NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION City, town, or county) (State)
Jurial 8-14-51 Haltemore	Hebrew Halts Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
AUG 1 3 1951 Centre of to 1 Milliams, Mill	LOCK Sewer Du 2100 Deitan 12
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The state of the s	100 10

120 00 134 and the state of t Mountain the same of the same 115. It with a year day I was horselve THE LEWIS CASE STREET AND THE PARTY OF THE P A STATE OF THE PARTY OF THE PAR The state of the s and the bound of the second of

1. NAME OF DECEASED

(Type or Print)

HOSPITAL OR

INSTITUTION

5. SEX

ū

DICAL

Female

Anna Pritzker

2. DATE

DEATH August 11,1951

3. PLACE OF DEATH:

Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or 3706 Nortonia Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give

6. COLOR OR RACE

White

1876

Baltimore

B. COUNTY

c. Length of stay in Baltimore

Yrs. Mos. Days D. STREET ADDRESS (If rural, give location)

4118 ParkHeights Ave

8. DATE OF BIRTH

9. AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min

12. CITIZEN OF

IOA. USUAL OCCUPATION (Give kind of work done during mest of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

WIDOWED, DIVORCED (Specify)

16. SOCIAL

DUE TO

SECURITY NO

7. SINGLE, MARRIED

Widow

11. BIRTHPLACE (State or foreign country) Baltimore Md

WHAT COUNTRY?

13. FATHER'S NAME

Joseph Franklin 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service)

14. MOTHER'S MAIDEN NAME Mollie Balash

17. INFORMANT

Mrs Miriam Frank 3204 LibertyHeights Ave

147.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON- DV agile

21c. WHERE DID

INJURY OCCUR?

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

24B. DATE

198 MAJOR FINDINGS OF OPERATION Curem um SU Jessues

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., io of about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE! WHILE AT AT WORK

22. I hereby certify that I attended the deceased from.

May -10 195/ to Cher 11, 195/, that I last saw the deceased alive on light, 19 5%, and that death occurred at 1'C fm., from the causes and on the date stated above, 23B. ADDRESS 23C. DATE SIGNED

23A STGNATURE

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or equity)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

Aug 13, 1951

Beth Jacob Vong Cemetery

Rosedale ADDRESS /

(If in Baltimore City, give exact location)

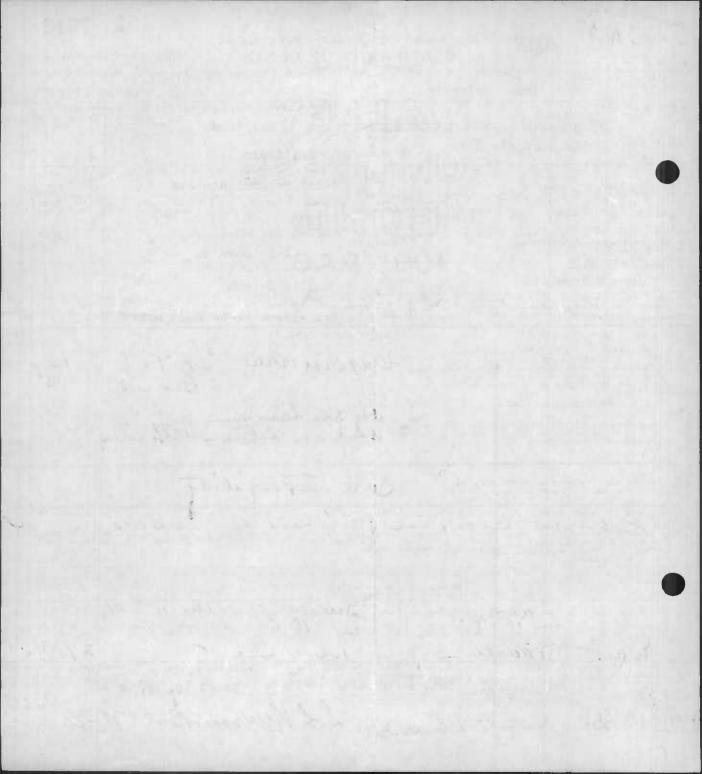
DATE RECEIVED BY LOCAL REGISTRAR

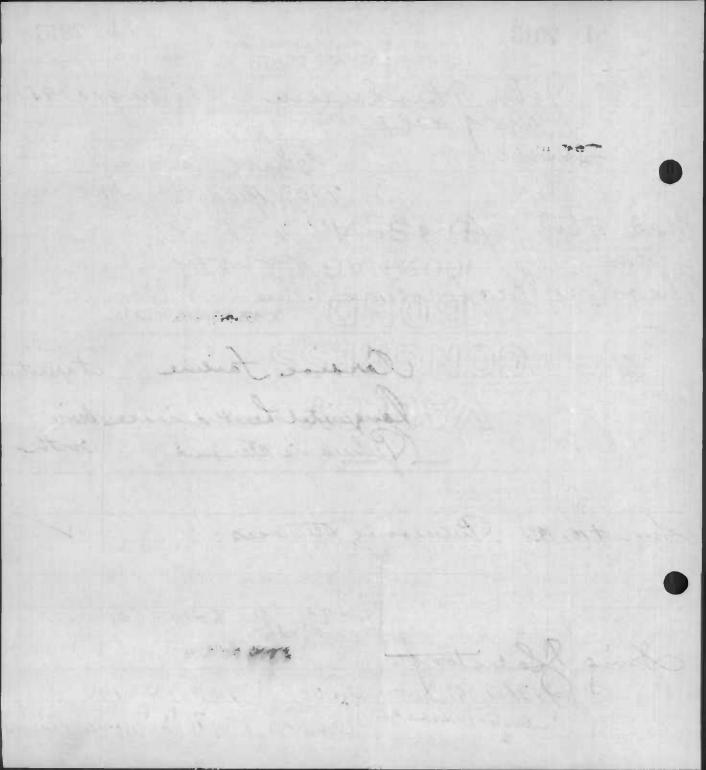
REGISTRAR'S SIGNATURE

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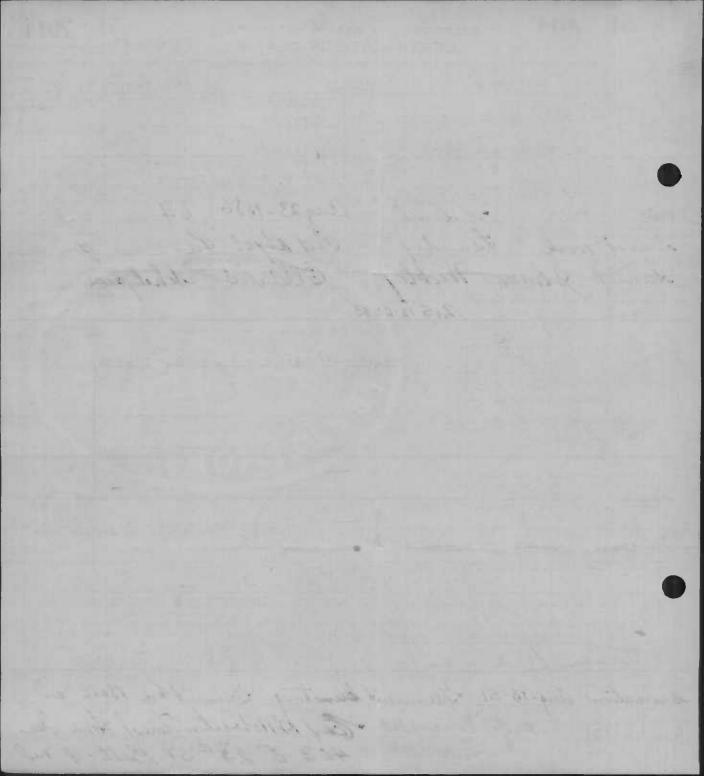




BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7014
Registered No.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SHANNON RLIZABETH DEATH August 9 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. gth of stay in Baltimore 800 E. Preston Street Days AGE (In years | Months Days | Hours Min. DATE OF BIRTH 6 COLOR OR RACE 7. SINGLE. MARRIED WIDOWED, DIVORCED (Specify) Female 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of) INDUSTRY WHAT COUNTRY vork donaduring most of working life, even af retired) Klenery 13. FATHER'S NAME MAIDEN NAME 15 WAS DECEASED E EN IN U.S. ARMED FORCES?
Yes, no or unknown) (Hyes, give war or dates of service) 16. SOCIAL SECURITY NO 17. INFORMANT 5-12-0533 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? FINJURY NOT WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and fleath in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county 2/48. DATE aug-10-DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 151



ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e.g., in or about home, ferm, factory, street, office hldg., etc.)

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ID. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT

NOT WHILE!

WORK

22. I hereby eertify that I attended the deceased from 19 7. and that death occurred at \$ 20 Am., from the eauses and on the date stated above. deeeased alive on_ 23A. SIGNATURE

, 195 , that I last saw the

23c. DATE SIGNED

24A. BURAL, CREMA-TION, REMOVAL (Specify) DURIAL

ERTIFICATION

EDICAL

24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

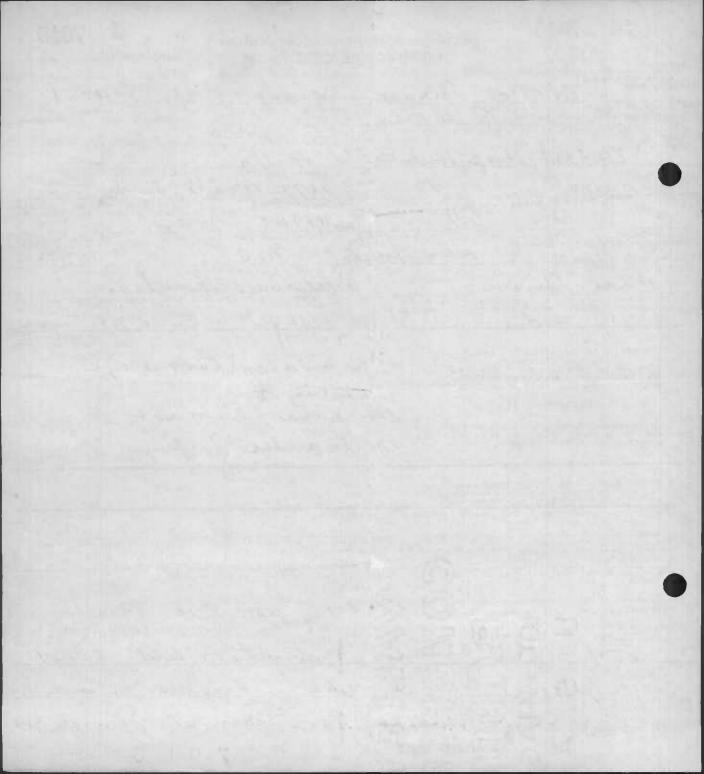
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19 5/ to 7-10

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

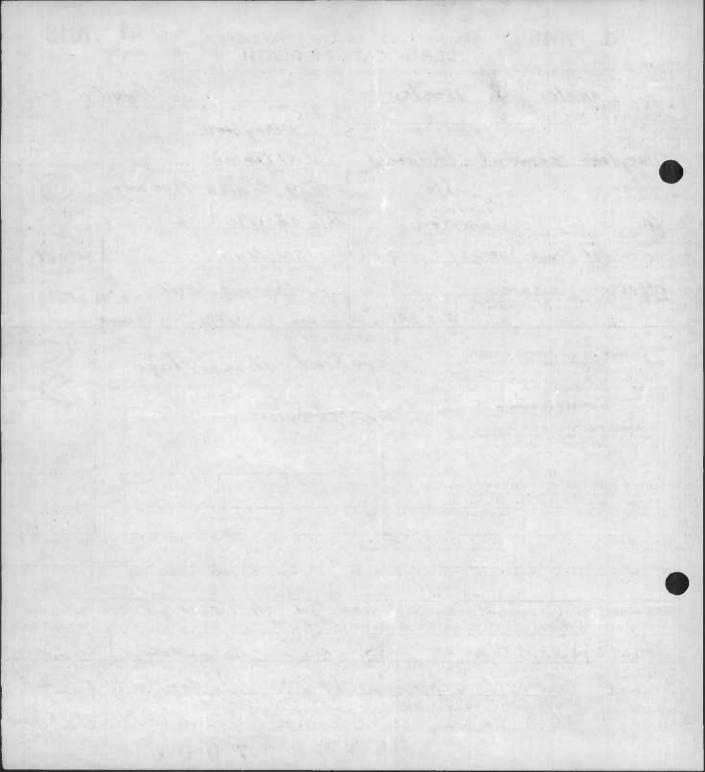
HRUNDEL County Schwab 2101



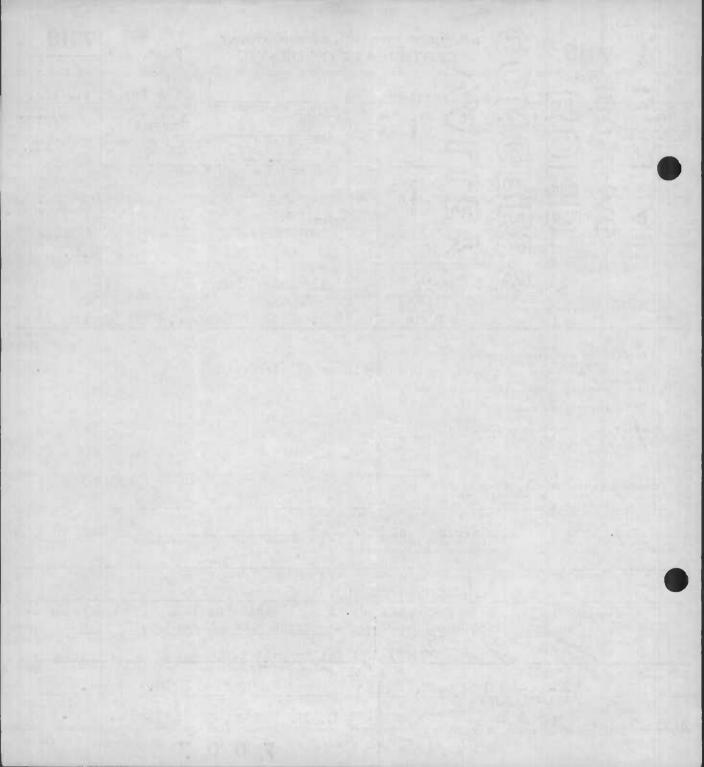
2 36 CEPTIFIC	ATE OF DEATH Registered No. 1016
BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type or Print) Mrs. Mary Pastorius	2. DATE OF 8/10/51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Life	As. D. STREET ADDRESS (If rural, give location) 2854 Rayner Ave.
Female White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (8. DATE OF BIRTH 2/29/72 9. AGE (In years 11 Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired) HOUSE WIFE HONE	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John E. Presley	Mary Gaul
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY	o. Mrs. Dorothy Pabst-2871 W. Lanvale St.
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	rebral Vascular Accident repertensive Cardiovascular Disease rteriesclerosis
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	PERATION 20, AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office CAUSE OF DEATH 21B. PLACE OF INJURY about home, farm, factory, atreet, office CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	bldg,,etc.) INJURY OCCUR?
	MILE ORK
23a. SIGNATURE 24a. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL 8/14/37 LORRA DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	July 29, 1951, to Quant 10, 1951, that I last saw the courred at 9 a.m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 25. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR 26. Quant 10, 1951, that I last saw the course in the causes and on the date stated above. 26. Part 10, 1951, to Quant 10, 1951, that I last saw the course in the causes and on the date stated above. 26. Part 10, 1951, to Quant 10, 1951, that I last saw the course in the causes and on the date stated above. 27. Part 10, 1951, to Quant 10, 1951, that I last saw the course in the causes and on the date stated above. 28. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, to Quant 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 29. Part 10, 1951, that I last saw the causes and on the date stated above. 2
AUG 13 1951 Tuntington Miliams,	John T. STansbury Drook Dmonason
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Dr. aaron Sollod 707 E. Fort ave



1	1625					Y.	e~ 83	
ВІ	51 RTH NO.	7019	BAI	CERTIFICATE			51 stered No.	7019
(T	NAME OF D	Effie	Maude	Harrison		2. DATE OF DEATH	August	11, 1951
В.	PLACE OF D Baltimore (FULL NAME OSPITAL OR	City, Maryland 3		irlem Ave	A. STATE Marylar		roll	before admission)
	STITUTION				Mt. A	Airy		ite RURAL and give township)
	Length of s	tay in Baltimore	7 6110	16 Mays		SS (If rural, give loca	5	J. Voor M. Hade, 24 House
ſе	male	white	wido		8. DATE OF BIRTH 6-6-1880	71	iday) Months	Days Hours Min.
work	hous	CUPATION (Give kind of of working life, even if retired) EWOPK	own h	O OF BUSINESS OR INDUSTRY	Maryl) 12.	WHAT COUNTRY?
	. FATHER'S 1	John		dgely	Alcinda	Day		
(Yes	. WAS DECEAS: , no or unknown) 	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO. NONE	Mrs. Arthu	r Hooper, 3	ADDR 800 Ha:	
RTIFICATION	(This does heart fails injury or DISEASE RISE TO TUNDERL'	SE OR CONDITION LEADING TO DEA s not mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, IT THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. uns the disea- caused deatl SES F ANY, GIVI STATING T AST.	g., (A) Carcil sec, h.) DUE TO (B)	of DEATH	l\$		l yr.
CER	TRIBUTING TO THE C	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT				
MEDICAL	Nov	2050	218. PL	cinoma of Utori ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., e	us n or 21c. WHERE D		re City, give	YES NO X
	ID. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY OCCUR?		
	22. I hereb deceased a 23A. SIGNA	live on Aug &	ended the	deceased from Aug and that death occur	. 1 ,1951 rred at 7:45P m., 3B. ADDRESS Mallow Hill	to Aug 11 from the eauses a	nd on the d	hat I last saw the late stated above. 3c. DATE SIGNED 8/12/51
24 TIC	BURIAL,	CREMA- 248. DATE	951	24c. NAME OF CEMETE Mt. Olive		24b. LOCATION (C)		
D/ LC	TE RECEIVE	D BY I RECOURAR	CONTRACT TO A		C. M. Wal	ECTOR	AD	Md.
#	VS 150			5751(1 0 7	0 0 7	4	+ x B



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Ro	nie	fored	No.	
TFC	KIN	reren	LYU,	

BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	110,
1. NAME OF					2. DATE	
(Type or Print)	Alice	a Taylor	r Chandler		DEATH 8-	10-51
3. PLACE OF	DEATH: City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. I B. COUNTY	If institution: residence before admission)
B FULL NAME	OF (If not in hospit	al or instituti	on, give street address or	Maryland	12.4	before admission)
HOSPITAL OR	US Public He	alth Sen	rvice location)		outside corporate lim	its, write RURAL and give
Hampital	, Baltimore, 1	Maryland	1	Howardville		township
			Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of	stay in Baltimore		Mos. Days	Walnut Avenu	10	5300
5. SEX	6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year It Under 24 Hours
Female	Colored		ED.DIVORCED (Specify)	April 8, 1899	52	Months Days Hours Min.
	CCUPATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
School T	t of working life, even if retired)	Educe	INDUSTRY ation	Maryland		WHAT COUNTRY?
13. FATHER'S		- Du u Ca	20 TOH	14. MOTHER'S MAIDEN NA	AME	USA
J Com	uel Taylor			Amaia Passas		
15. WAS DECEA	SED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	Annie Rogers		
(Xes, no or unknown	(If yes, give war or date	s of service)	SECURITY NO.			Baltimore Md.
Unknown				Records USPubl	lic Health S	elalce Hosp.
18.	70×1		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISE	SE OR CONDITION	DIRECTLY	Adam	ocarcinoma of lef	Ale less and	4
	es not mean the mode of lure, asthenia, etc. It mea	of dying, e. g	** (A) *********************************	ocarcinoma of fer	C Dreast	4 years
	r complication which					
	ANTECEDENT CAUS	SES				
Z			(8)			
O DISEASE	ES OR CONDITIONS, I					
UNDERL	YING CONDITION LA		(C)			
DISEASE TO UNDERLU OTHER TRIBUTIN		A	, (0)			
E OTHER	SIGNIFICANT CONDI	TIONS CON				
TRIBUTIN	IG TO THE DEATH, BUT	NOT RELATE	D			
194 DATE	OF OPERATION 1		FINDINGS OF OPER	PATION		20. AUTOPSY?
A						YES X NO
	DENT WAS UNDER		CE OF INJURY (e. g., i.		If in Baltimore City,	
LYING CAUSE OF	OR CONTRIBUTING	about home, fo	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	(Month) (Day) (Year)	(Hour) 1:	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
INJURY	(WHILE AT NOT WHILE			
		m.	WORK AT WORK			
				ch 20 , 19 51 to A		
			and that death occur	rred at 5:10 m., from t	he causes and on	
23A, SIGNA	- nu	. dill	Place 2	38. ADDRESS Baltimor	e, Md.	23c. DATE SIGNED
John			DirectorM. D.	no Lucite Health	Service Host	
TION REMOVAL	CRENA- 24B. DATE	1/ 1ani	24C. NAME OF CEMETE	OR CREMATORY 24D. L	2	n, or county) (State)
Duria	of aug.	7,1751	Wr. Un	umas 1	arym	new, m.
AL REGIS	TRAF	SSIGNATU	RE	25 FRACESTOR	, Junel	a Contract
		· · / //www.a	ment, Alex	1631 Or	mid St	Ell ane.
VS 150	- Allen	The Parket	1 2 mg	0001651	Par.	50
			0;	1381		20

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE August 9, DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF "f not in hospital or institution, give street address or Mary land HOSPITAL OR location) C. CITY OR TOWN (If outside cornorate limits, write RURAL and give INSTITUTION Home - 1303 N. Dallas Street Baltimore D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Colored 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME Stevedore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORM (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Weller It CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DIE TO ANTECEDENT CAUSES (a) Cerebral hemorrhage RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-UTING TI CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an _autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes I, accident I, suicide I, homicide I, undetermined I. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA- 248. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify)

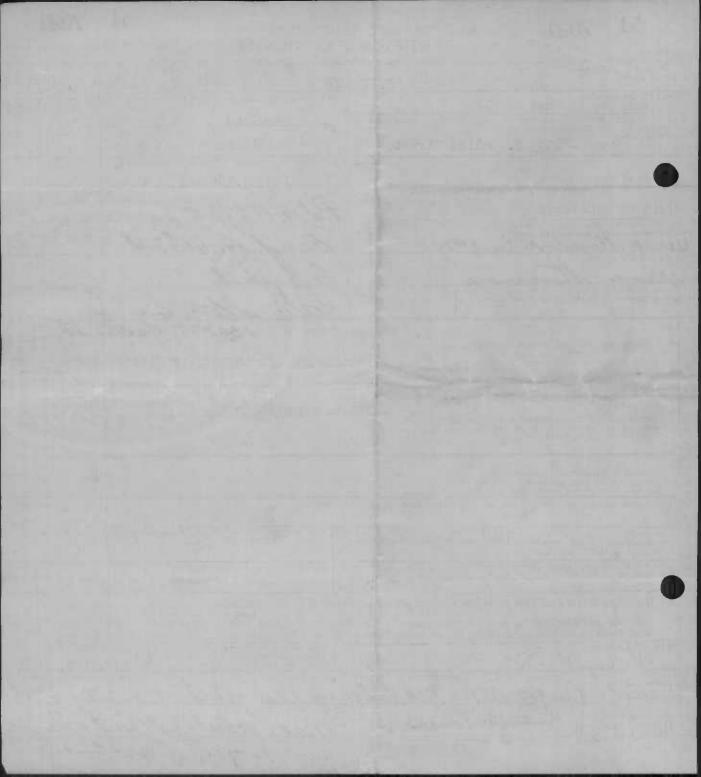
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L'S SIGNATURE

UNERAL DIRECTOR

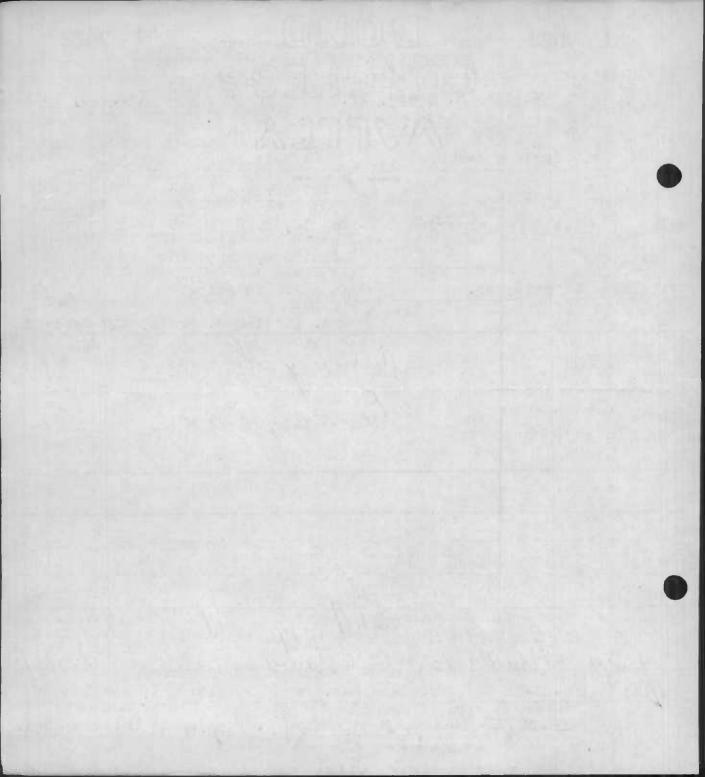
DATE RECEIVED BY

LOCAL REGISTRAR

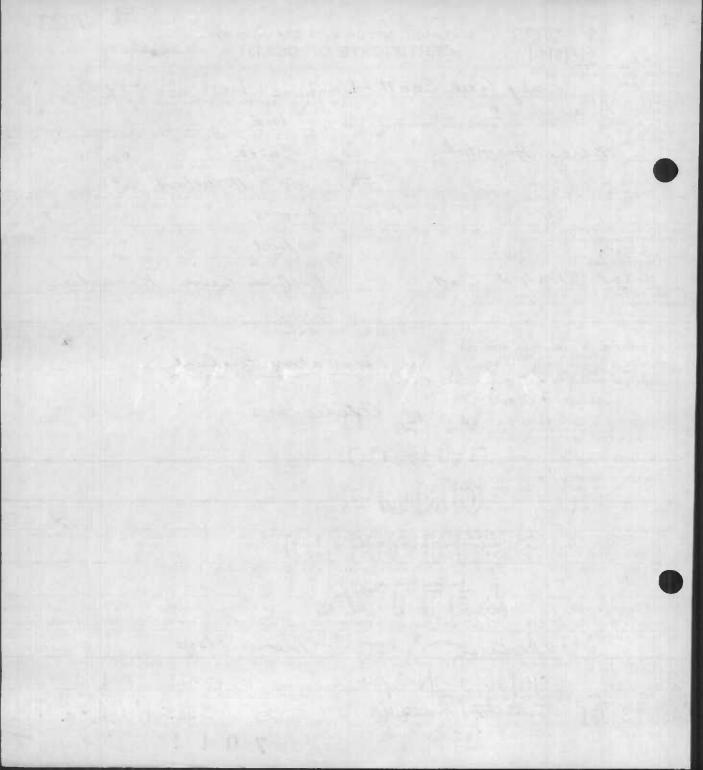


51 7022 Registered No.

BIRTH NO.				
1. NAME OF D				2. DATE
		liam F	I. Brass, Jr	o DEATH Aug. 10, 1951.
a. Baltimore	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME		al or institut	ion, give street address or	Maryland
HOSPITAL OR		- 4	location)	C. CITTOR TOWN (II outside corporate matts, write RUITAL and gr
0.0	5407 Gerla	nd Ave	nue	Baltimore 26-0/ townshi
			Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of s	tay in Baltimore		Mos. Days	5407 Gerland Avenue
5. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH 9. AGE (In years fi Under 1 year fi Under 24 Hou last birthday) Months; Days Hours: Mir
male	white		rried	May 18, 1892 59
10A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Chauf	of working life, even if retired) feur		INDUSTRY	Baltimore, Maryland WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MAIDEN NAME
Willi	am H. Brass	Sr.		Anna R. Van Skiber
15. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	7,007,000
140	1			Mrs. Lillian E. Brass,5407 Gerland
	00.11		CAUSE	OF DEATH INTERVAL BETWEE
	SE OR CONDITION	TH	147	many demonstrated 116
(This does	not mean the mode oure, asthenia, etc. It mea	of dying, e. g	(A)	
injury or	complication which e	eaused death	DUE TO	
	ANTECEDENT CAUS	SES	//	drama Decardo
Z	COD COMPLETIONS		(B)	will y North
RISE TO T	S OR CONDITIONS, IN	STATING TH	E OUE TO	
A UNDERL	YING CONDITION LA	ST.	(C)	/
Ĕ				
OTHER S	II SIGNIFICANT CONDI	TIONS CON	•	
TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D	
			FINDINGS OF OPER	RATION 20. AUTOPSY?
Ĭ.				YES NO [
	ENT WAS UNDER.	21B. PLA	CE OF INJURY (e. g., i	in or 21C. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF	DEATH	about nome,	arm, raciory, screen, omce orag.,	INSURT OCCUR?
D. TIME INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY		m.	WORK NOT WHILE	
22 1 haust			7. 1	110 00 1- 8/10 10/12-171
deceased a	y certify that I att		1.36	,19 , to of ,19 , that I last saw to
23A. SIGNA		, 10	and that death ockur	rred at m., from the causes and on the date stated above 236. ADDRESS 236. DATE S/GNE
133	cul & Hi	12/1/2	y ND	6 6hickingto 15/A Stigli
24A. BUVIAL.	CREMA- 248. DATE	1	24C. NAME OF CEMETE	CRY OR CREMATORY 240. LOCATION (City, town, or county) / (State
Buy ial	8-13-5	1	Moreland A	Mem. Park Baltimore, Maryland
DATE RECEIVE	D BY REGISTRAR	SSIGNATU		25. FUNERAL DIRECTOR ADDRESS
LOCAL REGIST	RAR Q51	大大人	lians M.B	Leonard J. Ruck, 5305 Barford Road.
7010	NO I		31	2001ata V. Mayr) podo darrora monda
VS 150	Section is		a with the same and the the	0 /



6	300			1	51 7023
		51 7023	BALTIMORE CITY H	EALTH DEPARTMENT	.023
BI	RTH NO.	51-18821		E OF DEATH	Registered No.
1.	NAME OF D	ECEASED	Gul Scott - 1	DARLENE CLARE DE	F 9-118-5-1
	PLACE OF D	EATH:	free ocon .	4. USUAL RESIDENCE (Where dec	eased lived, If institution : residence
	Baltimore (City, Maryland OF (If not in hospit	tal or institution, give street address of		COUNTY before admission)
HC	SPITAL OR		location		corporate limits, write RURAL and give
	19 /	nercy Ho	ospital	Balto.	
			Yrs. Mos.	D. STREET ADDRESS (If rural, gi	
-	Length of s	tay in Baltimore	7. SINGLE, MARRIED.		E (In years If Under 24 Hours
	F	w	WIDOWED, DIVORCED (Specify		birthday) Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign co	
WOLK	Chi	of working life, even if retired)	INDUSTR	hid.	WHAT COUNTRY?
13	FATHER'S			14. MOTHER'S MAIDEN NAME	
	Kober	A Strafo	d Scott	Evelyn aun	Kroncher
15. (Yes	, no or unknown)	O EVER IN U.S. ARME! (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
				TATher	
		7.01		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION LEADING TO DEA		. 1 . 0 0 .	
	heart failu	not mean the mode ore, asthenia, etc. It mea		piratny tacher	•
	injury or	complication which	caused death.) DUE TO		
7		ANTECEDENT CAUS	SES 3	telectasis	
ATION		OR CONDITIONS, I	F ANY, GIVING		
AT		ING CONDITION LA			
FIC					
ERTI		IGNIFICANT CONDI			
B.		TO THE DEATH, BUT ISEASE OR CONDITION			
4	19A. DATE C	F OPERATION 1	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
DICA	21A ACCID	ENT WAS UNDER	21B. PLACE OF INJURY (e. g.,	in or 21c, WHERE DID (If in Ba	timore City, give exact location)
MED		ENT WAS UNDER- R CONTRIBUTING DEATH	about home, farm, factory, street, office bldg		one cray, give exact iousies,
	INJURY	(Month) (Day) (Year)			R?
B.			m. WHILE AT NOT WHILE MINORK		
			tended the deceased from &		, 19 L, that I last saw the
			, 19\$_J. and that death occi	erred at 12'm., from the caus	
	23A. SIGNA		din M.D.	mercy Hogp	23C. DATE SIGNED
	A. BURIAL, (CREMA- 24B, DATE	24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATIO	N (City, town, or county) (State)
110	N. REMOVAL (S	8/13/	SI Noly K	edeemer Bal	1- md
D	TE BEGENIE				
LO	TE RECEIVE		'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LG	CAL REGIST			25. FUNERAL DIRECTOR 530	11 1

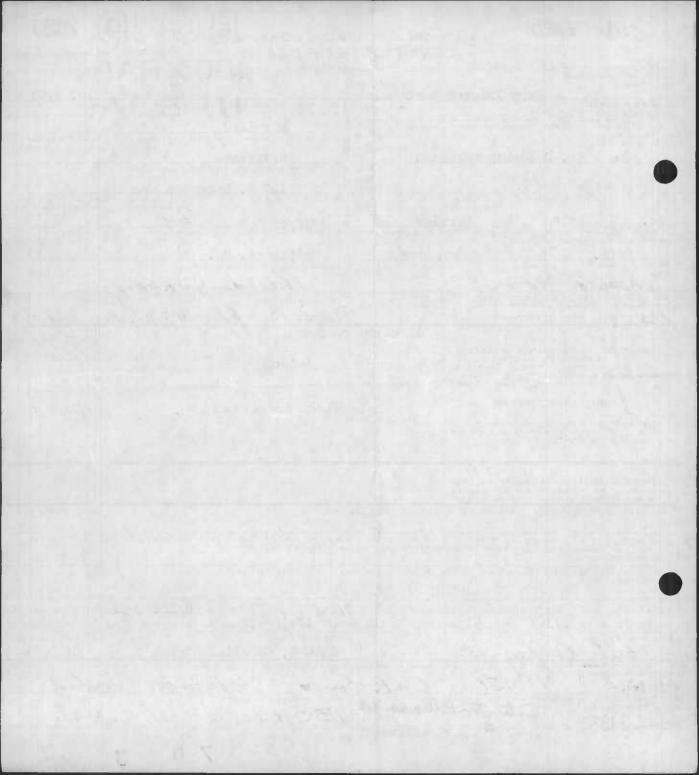


1 0	00	CEI	RIFICAT	TE CORREC	8-31-51			
-0	51	7024	BALT	TIMORE CITY H	EALTH DEPARTM	ENT	51 70)24
BIRT	TH NO.			CERTIFICAT	E OF DEATH	Regist	ered No	
1. N	AME OF D	George G.	Gay S	۲.		2. DATE OF DEATH	August 1	1, 1951
A. B	altimore C	EATH: City, Maryland S	t. Agnes	Hespital	4. USUAL RESIDEN			on: residence efore admission)
I HOS	PITAL OR	OF (If not in hospit		location		(If outside corpora	ite limits, write l	RURAL and give
	The Holl &	St. Agnes Hos	privar,	Wilkins Ave.	Baltimore	27	7-03	township)
K.				Yrs. Mos	o. STREET ADDRESS	(If rural, give locat	tion)	
5. SI		tay in Baltimore 6. COLOR OR RACE	7. SINGLE.	Day	8. DATE OF BIRTH	9. AGE (In y	ears If Under 1 Yea	1 B 0 - 1 - 0 1 0
	Male	White	Mari	D. DIVORCED (Specif	2/28/(1 893)1	894 (38 57	ay) Months Da	
work do	one during more	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CIT WH	IZEN OF
13. F	AFHER'S N	Molruclin	State	of Md.	14. MOTHER'S MAID	nd		
	V	George Cay		0		th Slattery		
(Y 08, O	o or unkoowo)	D EVER IN U. S. ARME! (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	PI
-	es	W.W. I	Þ	15-07-9180	Mrs. Marg	aret L. Ga	4-2806	Lucket
1 1	/	O / I	Din Formit	CAUSE	OF DEATH	()	ONS	ET AND DEATH
		LEADING TO DEA' not mean the mode of	TH	(A) Caro	ive dilatation	4 Coronan		
	heart failu	re, asthenia, etc. It mea	ns the disease,	OUE TO	final of	S . 0	0.	
		ANTECEDENT CAUS	ES	Coro	nac Angles	18 Ti		
Z	DISFASES	OR CONDITIONS, I	E ANY CIVING	(B) 44 ×	noschotie	Monten	- Porma	····
NOIT	RISE TO TH	HE ABOVE CAUSE (A)	STATING THE		dio Vascula	Dis	core	
2				(C)				
RTIFICA	OTHER	II IGNIFICANT CONDI	TIONS SON					
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATED					
				INDINGS OF OPE	RATION		20	AUTOPSY?
CA -			1 04 0110				YE	
MED	LYING OF		about home, far	E OF INJURY (e. g. m,factory,street,office bldg		(If in Baltimore	City, give exac	et location)
2	IO. TIME (Month) (Day) (Year)	- 20	E. INJURY OCCUR		NJURY OCCUR?		
			m. V	YORK NOT WHILE				
		certify that I att	ended the d	eceased from 6	- /2 , 1951,	10 8 -11	, 1957, that	I last saw the
	leceased al		., 19_3 !. ar	nd that death occi	erred at 1:20 pm., fr	rom the causes and	d on the date	
	0	Harry X	- Sr	M. D.	- H- H	ne Hoo	P. 5	-11-51
Z4A. TION	BURIAL, C	REMA- 24B. DATE	24	C. NAME OF CEMET	ERY OR CREMATORY	40. LOCATION (City	town, or count	(State)
X	MALCO	8-14	51	N. Ina	ncis	Albung	don!	ny
LOC	E RECEIVED	951 REGISTRAR	stor Wh	hams Ha	25 FUNERAL DIREC	5305/1	Harfra	IA.
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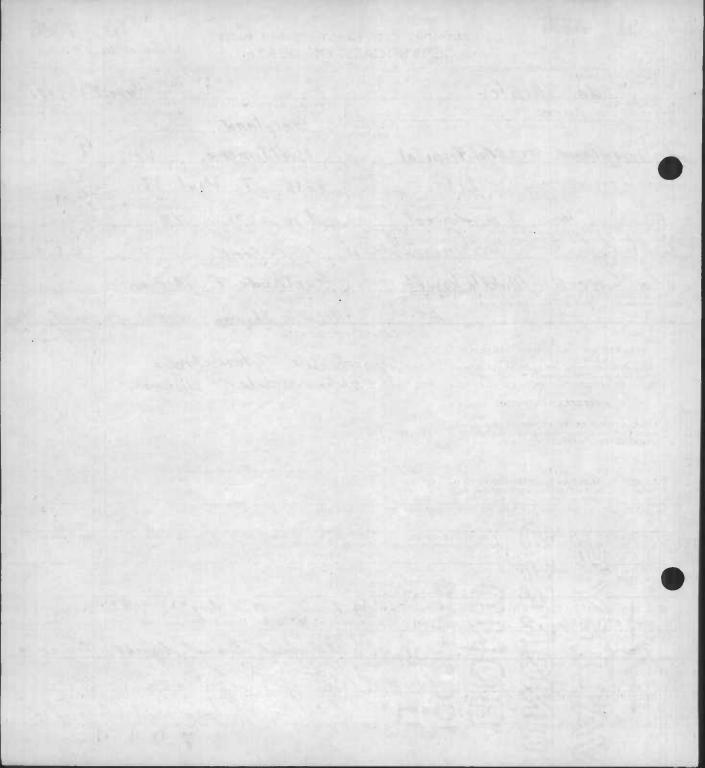
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Mary Frances Bartens DEATH August 10, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) St. Joseph's Hospital Raltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 117 N. Lakewood Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years | Months Days | Hours Min. 8. DATE OF BIRTH Fe. 64 Married 1/10/82 69
BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Md. Hwfe. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Chronic rephritis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 CAL YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 8/10/, 151, that I last saw the 7/24/ . 1951 to____ 22. I hereby certify that I attended the deceased from_ deceased alive on 8/10/ 19 51, and that death occurred at 12:30 Phi, from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 1400 N. Caroline Street 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) BURIAL, CREMA 24A. TION REMOVAL (Specify) Magl 22021 DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S, SIGNATURE LOCAL REGISTRAR

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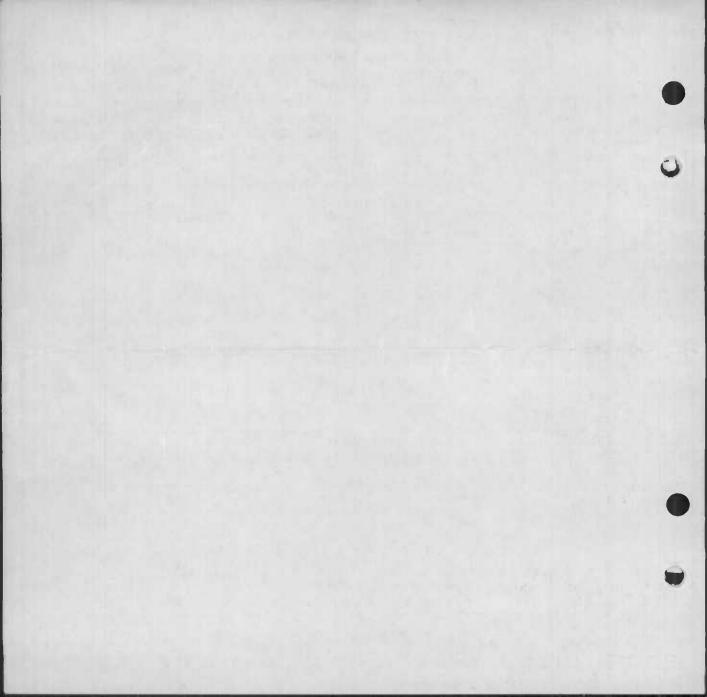


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Registered No.

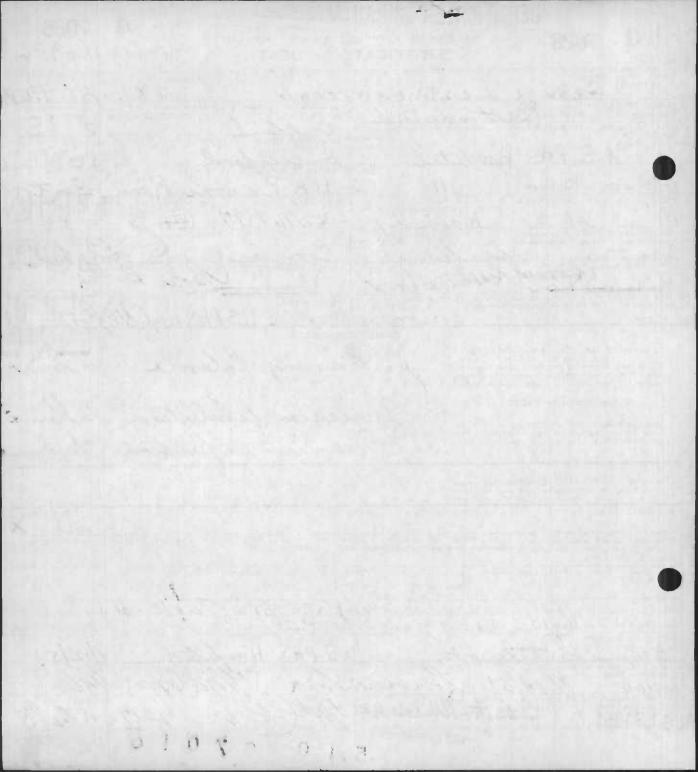
BIRTH	VO.			- O. DEMINI		
1. NAMI (Type or	Print) Tdx Shi	plev			2. DATE OF AU	gest 12 1951
a. Balti	E OF DEATH: more City, Maryland			4. USUAL RESIDENCE		If institution; residence before admission)
HOSPIT	AL OR		ion, give street address or location)	C. CITY OR TOWN		nits, write RURAL and give
	nonyland &	e nepal 4	espital Yrs.	BAITIMUS D. STREET ADDRESS	re. 12 If rural, give location)	-0 township)
	th of stay in Baltimore	Li	fe. Mos. Days	2215 57.	Paul ST.	
5. SEX	6. COLOR OR RAC	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) last birthday)	ff Under 1 Year M Under 24 Hours Months Days Hours Min.
104 USI	UAL OCCUPATION (Give kind	of 108 KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
Lu .	ring post of yorking life, even if retir	ed) M.S (Teluon nen		/	WHAT COUNTRY?
13. FATI	HER'S NAME	m. 611	Land S	14. MOTHER'S MAIDEN	NAME	
15. WAS	DECEASED EVER IN U. S. AR	AED FORCES?	16. SOCIAL	CTERIRUDE 1	F. MCFAUL	ADDRESS
(Yes, no or	unknown) (If yes, give war or d	ates of service)	SECURITY NO.	Mrs. E. & Shiple	v 900W	Universty How
18.	443x.		CAUSE	OF DEATH		INTERVAL BETWEEN
NO D RI	DISEASE OR CONDITIO LEADING TO DI This does not mean the mod eart failure, asthenia, etc. It r jury or complication which ANTECEDENT CA ISEASES OR CONDITIONS SET TO THE ABOVE CAUSE (NDERLYING CONDITION	EATH e of dying, e. g neans the diseas caused death USES G, IF ANY, GIVIN A) STATING TH	e, DUE TO CA	Mensiuc Arterio		
ICA	MOLINE CONDITION	LAGI.				
Ш 71	THER SIGNIFICANT CON RIBUTING TO THE DEATH, B THE DISEASE OR CONDITI	UT NOT RELATE	D			
19A.	DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. HOM	ACCIDENT, SUICIDE,	21B. Pl.A	CE OF INJURY (e.g., i	n or 21c, WHERE DID	(If in Raltimore City	yes No very No
Ном	ICIDE (Specify)		arm, factory, street, office bldg.,			
	TIME (Month) (Day) (Ye NJURY		21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F, HOW DID INJU	RY OCCUR?	
22.	I hereby certify that I c	attended the	deceased from day	. 8. , 1957, to	deg 12 , 19	I, that I last saw the
dece	ased alive on Res, 2		and that death occur	rred at 4:20 An., from	the causes and on	
23A.	Frank D. 1	Yauber.	M. D.	Manyland Se	real Harris	23c. DATE SIGNED
TION REI	MOVAL (Specify)	151		RY OR GREMATORY 240.		
	REGISTRAR	R'S SIGNATU	Whitems, Mall	25 FUNEPAL DIRECTOR	no 1219	Staul H
VS	150		Carina and and and and and and and and and a		0701	1000



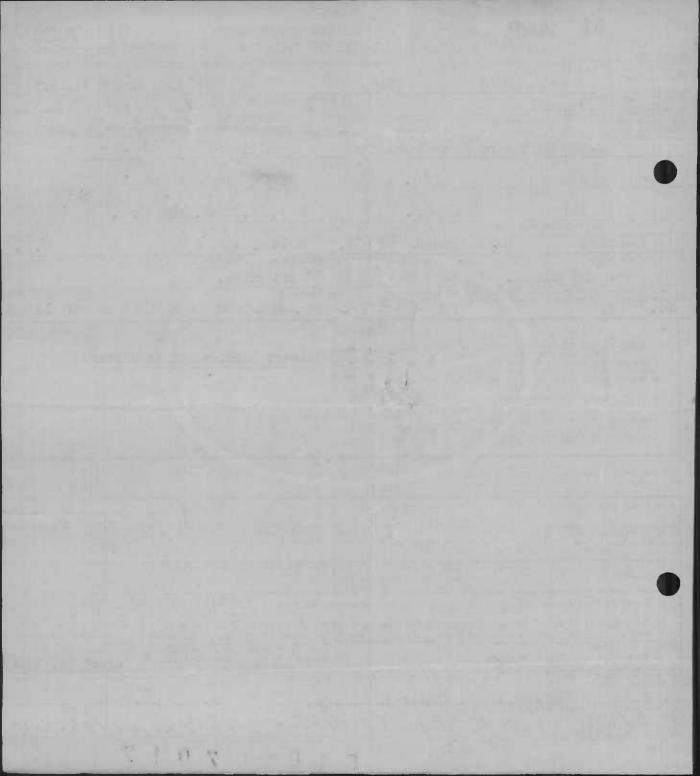
moore St 14 Mortine 1	Ballinow Cety Hal the Dell	,
51 7027 MARYLAND STATE DEI	PARTMENT OF HEALTH	
Cuy 1 1 1 act	Street, Baltimore	ליפטלי
CERTIFICAT	TE OF DEATH Reg. Dist. No	1041
COUNTY Battimore	2. USUAL RESIDENCE (HOME) OF DECEASED	
MARYLAND	STATE Maryland COUNTY	
OR give nearest town) Baltimore (in this place)	CITY (If outside corporate limits, write RURAL and give new OR TOWN Rathmore 24-0	arest town)
HOS TAL OR INFLUENCE OF Bloomsberry Str.	STREET ADDRESS 119 Bloomsberry St.	
NAME OF (First) DECEASED (Type or Print) Onnie Elizabeth Tan	uary 4. DATE (Month) (De OF DEATH Quf. 11	ay) (Year)
SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow.	S. DATE OF BIRTH 9. AGE last hirthday If under 1 year Months Day	ur If under 24 hrs.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. Cr	TIZEN OF WHAT
3. FATHER'S NAME Christopher Lentz	14. MOTHER'S MAIDEN NAME	W.S.A.
5. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Howard Juneary 119 Blooms berry St.	ny (sou)
10 147012011 (10	PRINCATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	IN	MRVAL BETWEEN
Immediate cause (a) cerebral vareula	ON CON	SET AND DEATH
Immediate cause (a) Ceretral Vaneukan	· alliania	days
giving rise to the above cause	ardio-vareula dis. is	udef.
stating the underlying cause last		
i. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not		
related to the disease or condition causing death. 9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20	AUTOPSY?
0		
1. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
The (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
1 / 4/		
22. I hereby certify that I attended the deceased from fund &	19.57, tollef // , that I last saw t	he deceased
on duf. // , and that death occurred at	J. m., from the causes and on the date stated	
SIC. ATURE (Degree or title)		ATE SIGNED
reham Ne Chiledmuld M. D. 3340 Golf	ield live, Balto 15 lugh, 1	917;
REMOVAL(Specity)	AY OF CREMATORY LOCATION (City, town, or county)	(ASteta)
1111.al	1 Note Das winds	1 KLV
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNDAL DIRECTOR 1219	DDRESS



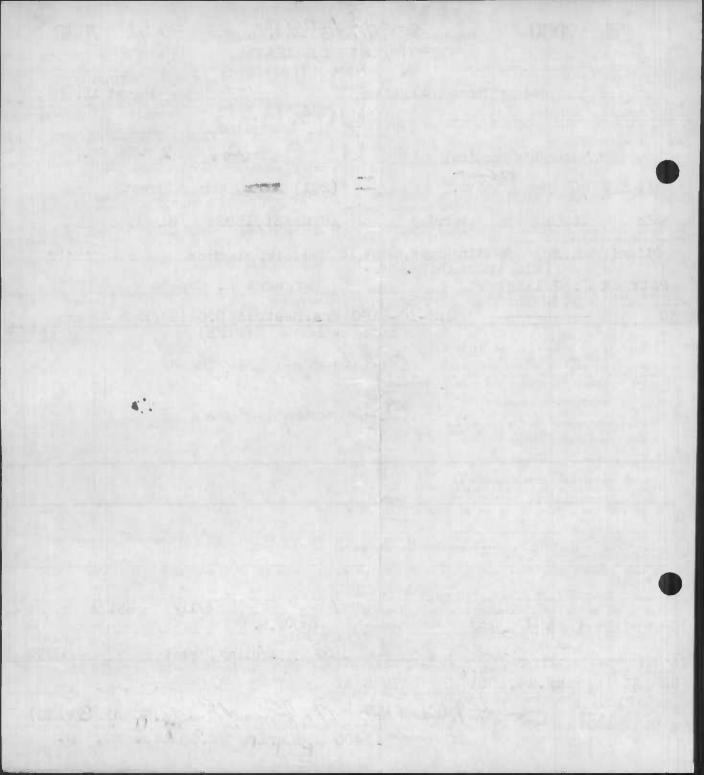
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 14 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) ZVVOW DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived! If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. GITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED er I Year DATE OF BIRTH AGE (In years Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours: Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. INTERVAL BETWEEN OF DEATH CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! AT WORK fiel 13, 1951, that I last saw the 22. I hereby certify that I attended the deceased from 14 deceased alive on And 10 19 1, and that death occurred at 12 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATOR DATE RECEIVED BY REGISTRAR'S ADDRESS LOCAL REGISTRAR VS 150

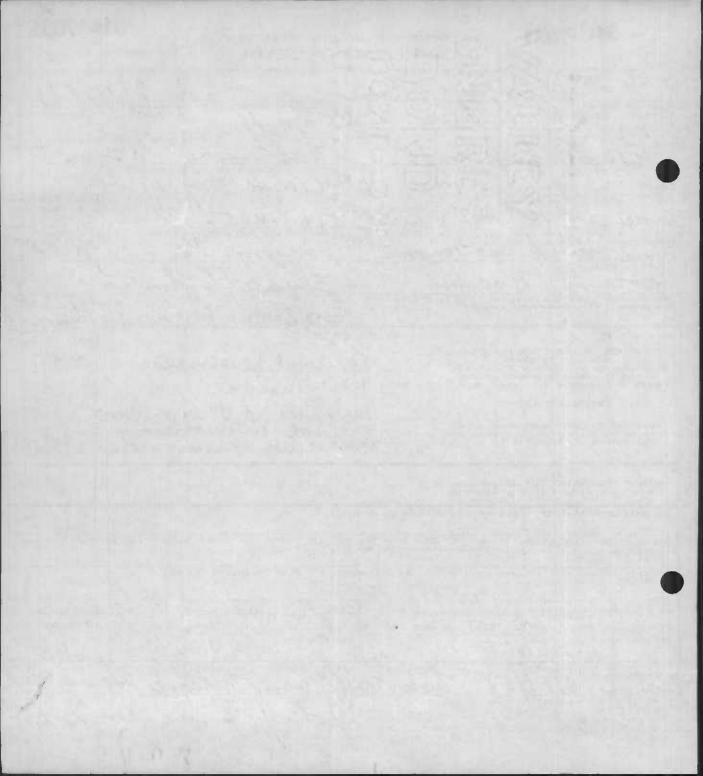


BIRTH NO.	51.	7029	BA			LTH DEPART		Regis	51 stered N	'70	29
1. NAME OF		ED						2. DATE			
(Type or Prin	t)	L	OUIS	BI	LOSS			OF DEATH	Augus	st 11,	1951
3. PLACE OF A. Baltimore		Maryland				. USUAL RESID	ENCE (Whe	ere deceased B. COL			residence e admission)
	E OF		tal or institu	ition, give street	address or		yland v (If ou				AL and give
Morrionoi		th Balti	more G	eneral Hos	spital	Bal	timore		13	-02	township
					Yrs. D	STREET ADDR					
		Baltimore	1	Life.	Days		0 Marsh				
5. SEX Male	W	or or race	Wipo	e, MARRIED. WED, DIVORCEI COWET.	O (Specify)	May, 24	4,1889	. AGE (In	day) Mon	ths Days	fi Under 24 Hours Hours: Min.
work done during m	OCCUPAT pot of working DOT OT	life, even if retired)	Lock	Insulate	S OR DUSTRY Or Co.	Balto.		ign country)	12. CITIZE WHAT	N OF COUNTRY
13. FATHER'S	NAME				1.	4. MOTHER'S MA	AIDEN NAM	E			
	Tosepl	h Bloss				Dont k	now.				
Yes, no or unknow	ASED EVER	R IN U.S. ARME	D FORCES?	213-05-	5377.	Mrs. Mil	dred	Cant 1		DRESS Marsh	all St
18. //	12-7	1		C	AUSE OF	DEATH					AL BE WELN
DISE		CONDITION								ONSET	AND DEATH
heart fa	loes not m silure, asth	ean the mode cenia, etc. It mes cation which	of dying, e. ans the disea	ase, (A)	Arterio	sclerotic	cardiov	ascula	r dise	ease	•••••
		CEDENT CAUS		un.) DOE 10							
O RISE TO	THE ABO	ONDITIONS, 1 OVE CAUSE (A) CONDITION LA	STATING T	(B) THE DUE TO		***************************************			,		
OTHER		II CANT COND							PARTICULAR PROPERTY.		
M TO THE		OR CONDITION									
U 19A. DATE	OF OPE	RATION 1	9B. MAJOR	R FINDINGS C	F OPERAT	1011				YES X	NO NO
UNDERLY	ING C	OF DEATH.		ACE OF INJUR farm, factory, street,		21c. WHERE E	OID (If i	n Baltimor	e City, gi	ve exact lo	cation)
2 1D. TIME		(Day) (Year)	(Hour)		CCURRED SOT WHILE	21f. HOW DID	O YAULNI O	CCUR?			
22. 1 cer	tify that	t I took char	ae of the	remains dese		ve. held an	Partia	l Auto	psy	thereon	and from
the e	evidence	obtained by	said Aut	opsy, Inspect	ion or Ing		Autopsy, Ins	ased died	l on the	day star	ted above.
23A. SIGN	IATURE	1) Pos	Al	jront, natura		23B. CHIEF ME ASSISTANT MI	EDICAL EXA	AMINER	230	DATE SIG	
24A. BURIAL.		24B. DATE		24c. NAME of	M.D.	MEDICAL INVIOR CREMATORY		ATION (Cit			(State)
TION, REMOVAL Buria	2	Aug.14	1951	. Cedar	Uill C	1 om	Α	۸ ۵	0		
DATE RECEIV	ED BY	REGISTRAR'S	SIGNAT		25	EM FUNERAL DIR	ECTOR	_ de_U		ADDRESS	
AUG 13	1951	Film I	Str. Jan	Mikinger	MAR	1276 ou	and 6	Mens	1400	of Bha	when to
V S 151		10000			19	70 BF	07	0 1	2)	3)	1



51-58/8-4/2074/cee BALTIMORE CITY HEALTH DEPARTMENT 51 7030 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Saturday (Type or Print) George Thomas Gallagher DEATHAUgust 11, 195] 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital o. STREET ADDRESS (If rural, give location) Meto c. Length of stay in Baltimore Gittings Street 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify, 9. AGE (in years) It Under 1 Year last birthday) | Months: Days | Hours: Min. August31, 1889 61
11. BIRTHPLACE (State or foreign country) Male Married 10a. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) U.S.A. Oiler (Machine)
13. FATHER'S NAME (T Westinghouse Electric Norfolk, Virginia (Electrical Mfgs. Corp. Patrick J. Gallagher Margaret E. Capito 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 213-10-8190 Mrs. Beatrice D. Gallagher -NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES X 21B. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 8/7/ , 1951, that I last saw the 8/11/ , 151, to_ deceased alive on 8/11/ 1951, and that death occurred a 8:30 A. M., from the causes and on the date stated above. 234 SIGNATURE 1400 N. Caroline Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) | 34c. NAME of CEMETERY or CREMATORY | 24o. LOCATION (City, town, or county) NEW CATHEDRAL CEMETERY Baltimore . Md. BURIAL DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR (A. HOWARD (EVANS) 1400 S. Charles St., Balto. 30, Md.





51 7032

BIRTH NO. D- 320 CERT	IFICATE OF DEAT	TH Registered No) <u> </u>
1. NAME OF DECEMBED MARIA (Type or Print) MARIA	DIETZ	2. DATE OF DEATH AVG.	12,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	DENCE (Where deceased lived. If in	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give strength of the stren	reet address or location) c. CITY OR TOW	(If butside corporate limits,	write RURAL and give township)
c. Length of stay in Baltimore 7 Z	Yrs. D. STREET ADDI	ACCENDACE	57
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIE WIDOWED, DIVOR	D. 8. DATE OF BIR	Ins wirthday) Mont	nder I Year If Under 24 Hours the Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of work has life foren if retired)	INDUISTRY	(State or foreign untry)	2. CITIZEN OF WHAT COUNTRY?
JOHN ZIMMERNAN	14. MOTHER'S N	0 11-1.00	
	URITY NO. DIANA	LOSER ST	PRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	/wareensor	OF BOWER D HERRIA	ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194 DATE OF OPERATION 198. MAJOR FINDING 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, a CAUSE OF DEATH	JURY (e.g., io or 21c. WHERE	DID (If in Baltimore City, giv	YES NO
	RY OCCURRED 21F. HOW DI	D INJURY OCCUR?	
22. I hereby patify that I attended the deceased descased alive on 2 41, 1951 and that E3A SIGNATURE Cleaning	A SULA	n., from the eauses and on the	that I last saw the date stated above
TION, REMOVAL (Specify)	PAUL CEM		r county) (State)
DATA RECEIVED TO REGISTRAR'S SIGNATURE	25. FUNERAL DI	RECTOR	ADDRESS
VS 150	for the form		122a

Mercal Harrist 133 FUNDER 55 5.34 Est 212 Page Very new House I F. S Mill Frederick Head of Paris THE REAL PROPERTY AND ASSESSED TO THE PERSON OF THE PERSON

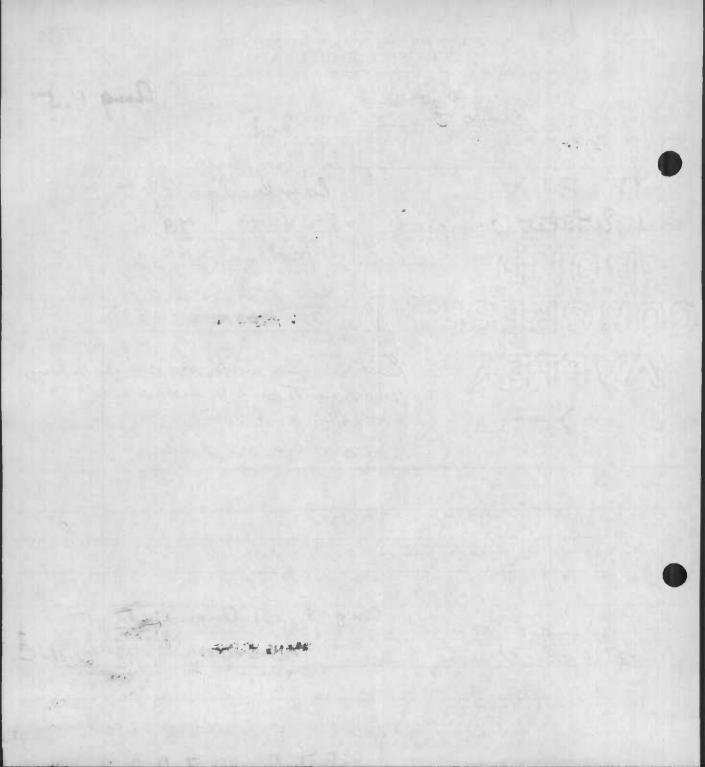
At. Earl From under the Care of Str. Earl From who was an Varation at the time of duth

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Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CLECAVILLO DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If in citution: A. Baltimore City, Maryland B. COUNTY before admissio (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR JOHNS HOPKINS HOSPITAL location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION mare Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore LHOW Days 9. AGE (In years II Under I Year II Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH MIDOWED, DIVORCED (Specify) narrie 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? resident Officat Printing Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME oduraro TIPTA COTTA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 13. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES M 21B. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office hldg., etc.) 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WORK AT WORK 22. I hereby eertifu that I attended the deceased from Line. 195 to less . I, 195 that I last saw the deceased alive on Lug. 11, 1951, and that death occurred at 11 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED IOHNS HOPKINS HOSPITAL 24A. BURIAL, GREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMPTOR 24D. LOCATION (City, town, or county) Burial Pikaswille. Druid Pides Com DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Youther Sans

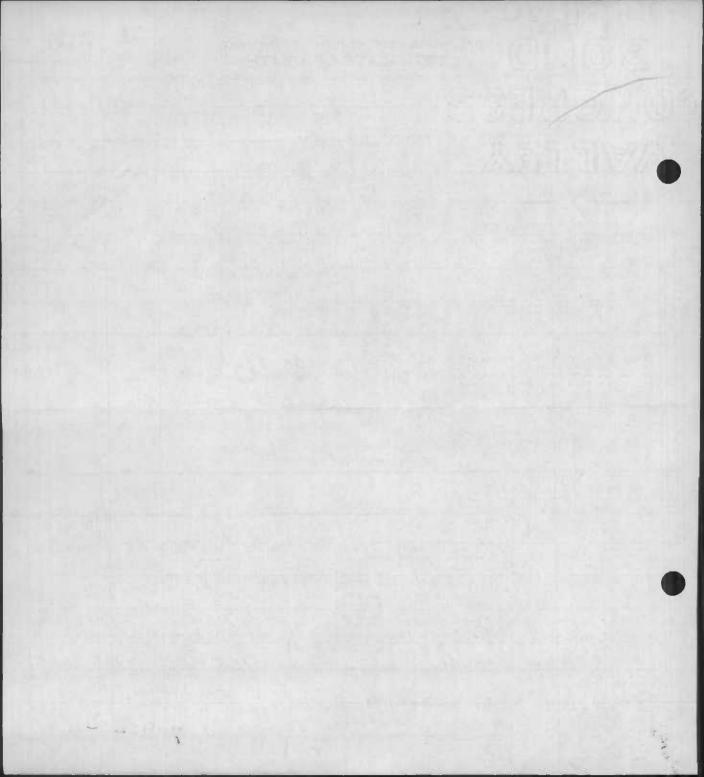
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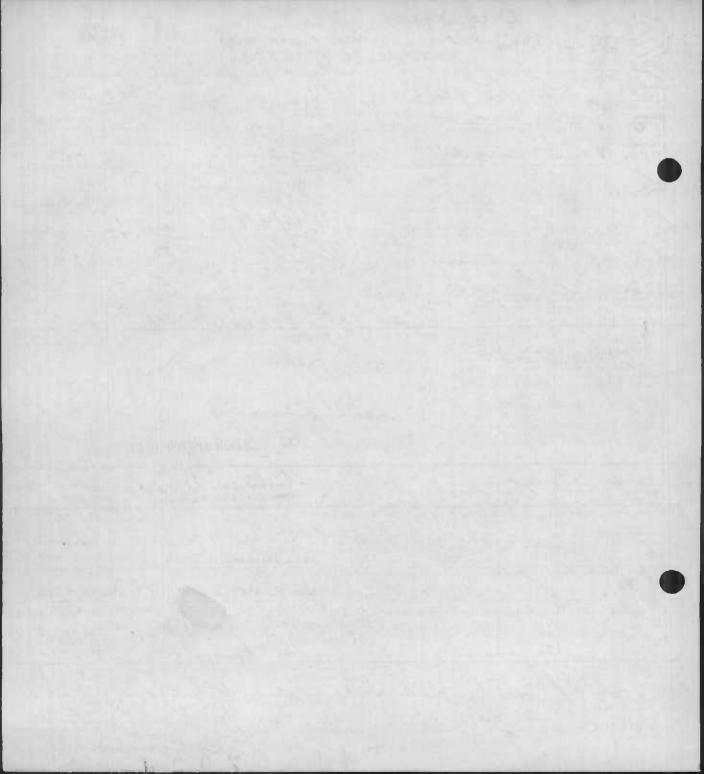
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 7035 Registered No.

BIRTH NO. U-360	CERTIFI	CATE	E OF DEATH	Registere	d No.
1. NAME OF DECEASED (Type or Print)	אַכַּשְּרָיִי יִּיִינְ			2. DATE OF	10, 12, 1051
3. PLACE OF DEATH: A. Baltimore City, Maryland	1		4. USUAL RESIDENCE (W	here deceased lived	
B. FULL NAME OF (If not in hospit: HOSPITAL OR INSTITUTION	al or institution, give street ac	ddress or ocation)	c. CITY OR TOWN (If	outside corporate li	mits, write RURAL and give
3013 Willie Av	re.		Raltimore		townsmip
c. Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If a 3013 Wylie Av		27-15
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED		8. DATE OF BIRTH	9. AGE (In years	ff Under I Year Il Under 24 Hours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of	Midowed	OR	Sapt. 8. 1870 11. BIRTHPLACE (State or fo	SO I	1 12. CITIZEN OF
rork done during most of working life, even if retired)		DUSTRY	Chance. Mil.	avigii coultily	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
William B. White			Louise Time	r	
15. WAS DECEASED EVER IN U. S. ARMEE (Yes, no or unknown) (If yes, give war or date)	FORCES? 16. SOCIAL SECURITY	Y NO.	17. INFORMANT	701	ADDRESS
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of the heart failure, asthenia, etc. It means	CA	- 0	OF DEATH 10 Sclerofic Co Escular Disco		INTERVAL BETWEEN ONSET AND DEATH
injury or complication which control of the control	FANY, GIVING STATING THE DUE TO		escular Dreed	rel	
OTHER SIGNIFICANT CONDI TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED				
19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF	F OPER	ATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY about home, farm, factory, street, o			f in Baltimore Cit	y, give exact location)
TIME (Month) (Day) (Year)	WHILE AT N	CCURRE OT WHILE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I att deceased alive onto 10	ended the deceased from	n Och h oceur	red at ? 30 ml., from the	he dauses and or	that I last saw the the date stated above
24A. BURIAL. CREMA- 24B. DATE	24C. NAME OF C	CEMETE	5214 Marketa RY OR CREMATORY 1240. LO	OCATION (City, to	wn, or county) (State)
TION, REMOVAL (Specify)	A VILLE OF ER	Tr.		ltimoro, Mi	
DATE RECEIVED BY REGISTRAN	S-SIGNATURE		Vim. J. Tukuer	us los O	Se Se M.
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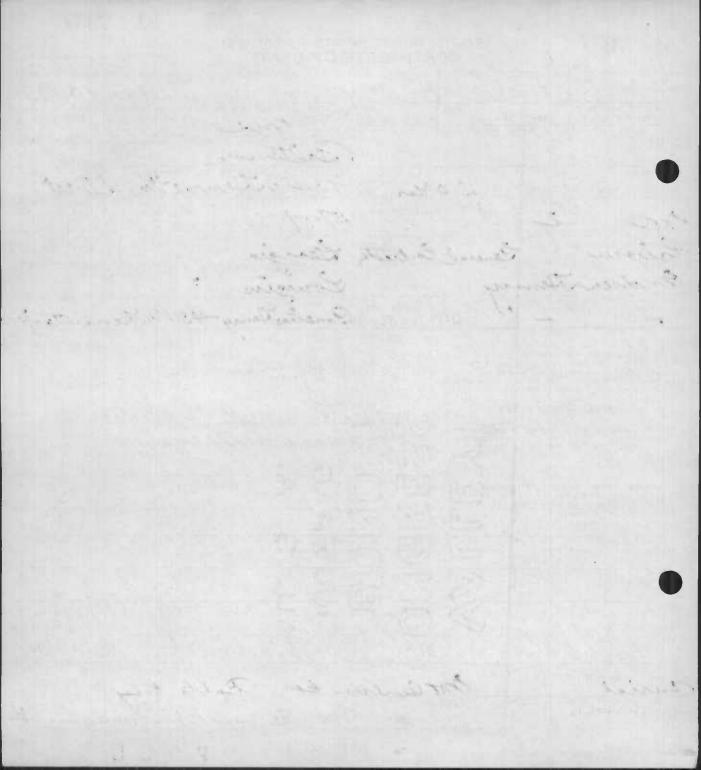


	14 11000
54 7036 49.2392 BALTIMORE CITY HE	TALTH DEPARTMENT 51 7036
CERTIFICATI	
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Phyllis Clark	2. DATE OF DEATH 8/10/51
3. PLACE OF DEATH: A. Baltimore City, Maryland Unic. Hosp.	4. USUAL RESIDENCE (Where deceased lived, It institution: residence
B. FULL NAME OF (If not in hospital or institution, give street address or	B. COUNTY before admission)
HOSPITAL OR location)	C. CITY OR TOWN , (If outside corporate limits, write RURAL and give
One. Hospital	Ballimore township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1811 Pulashi St. 1502
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under I Year Il Under I
7 5	11/6/49 2 1/3
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Nork done during most of working life, even if retired)	11. BARTHBLACE (State or foreign country) 12. CITIZEN OF
Unfant)	Balto met. WHAT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jamme Clark	Fleming Ethel V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 76. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	17 INFORMANT ADDRESS
SECURITY NO.	Ethor Clarke 1811 Buland. A
18. E 885.0 , CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	y chaton
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	
Z lear	I graning
DISEASES OR CONDITIONS, IF ANY, GIVING	I growing
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) (B)	CERTIFICATION APPROVED BY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	CERTIFICATION APPROVED BY
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (B) (C) (C) (C) (C) (D) (I) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CERTIFICATION APPROVED BY LOCAL LANGE OF THE PROPERTY OF THE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	CERTIFICATION APPROVED BY LOCAL LOCAL EXAMINER. 20. AUTOPSY?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER. 21A. ACCIDENT WAS UNDER: 21B. PLACE OF INJURY (c. g., in)	CERTIFICATION APPROVED BY CHIEF OR ASST. MEDICAL EXAMINER, Or 21c. WHERE DID (If in Baltimore City, give exact location)
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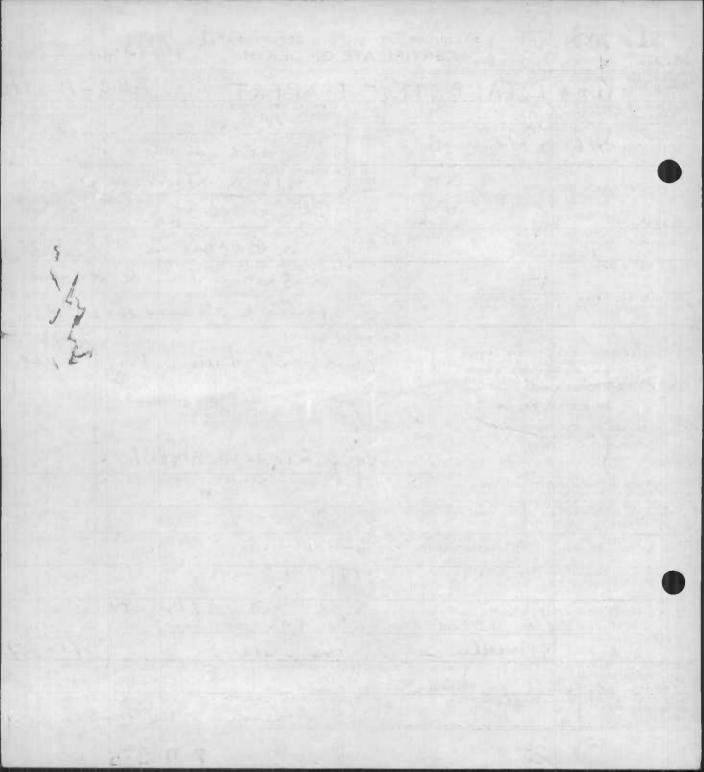


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	OSPITAL					location)	Stalt	Contra	f outside corpora	te limits, wr	ite RURA	L and giv township
c.	Length	of stay in	Baltimore	~~~	0 . Yen	Yrs. Mos. Days	STREET AD	DRESS (If	rural, give locat	ion)	tree	t
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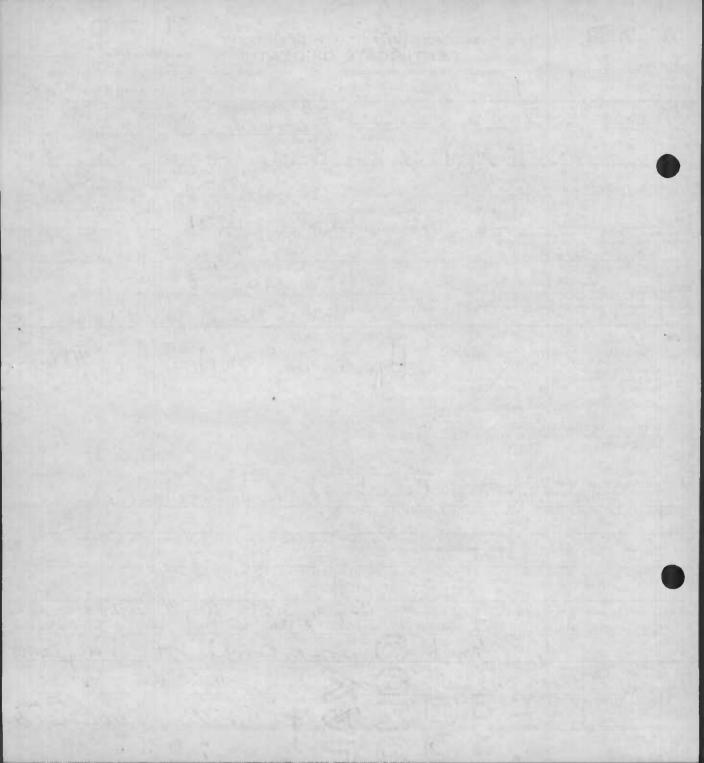
81	51 RTH NO.	7038-413		TIMORE CITY HE	EALTH DEPARTMENT 1	7038 Registered No.	
(T	NAME OF D ype or Print) PLACE OF D Raltimore (VIMA L	TALI	BETTUT-	TOLBERT 4. USUAL RESIDENCE (When	OF AUG DEATH AUG re deceased lived. If inst	- 12-195) itution: residence before admission)
в.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hosp	tal or instituti	on, give street address or location)	c. CITY OR TOWN (If out	side corporate limits, w	
	Length of s	tay in Baltimore	T SINCE	Yrs. Mos. Devs	1)	fauvre	
d	Demale	CUPATION (Givekind	WIDOW	ED, DIVORCED (Specify) OF BUSINESS OR	11. BIRTHPLACE (State or foreign	last birthday) Months	
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15	. WAS DECEASE	ED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL	Frein 6	La Er	runa
Ye	, no or unknown)	(If yee, give war or dat	es of service)	SECURITY NO.	OF DEATH	may 162	4 E Barne
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DATE RECEIVED BY A REGISTRAR'S SIGNATURE

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25. FUNERAL DIRECTOR

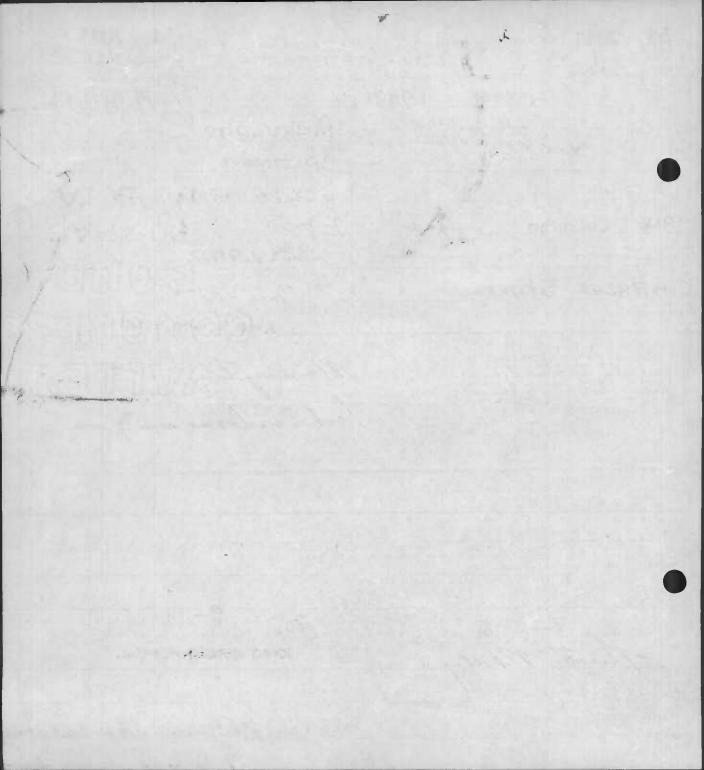


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I. NAME OF (Type or Prin		LE	ROY	SPARROU		2. DATE OF DEATH	70911,1951
3. PLACE OF A. Baltimore B. FULL NAM HOSPITAL O INSTITUTION	City, Mar			on give street address or location)	A. STATE	RE	Y before admission) limits, write RURAL and sive township.
a Langth a	t otav in Da	14:		Yrs. Mos.	D. STREET ADDRESS	110001 -	n)
c. Length of 5. SEX	6. COLOR	OR RACE	WIDOW	Days MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH 7-7-50	9. AGE (In year)	rs H Under 1 Year N Under 24 Hows) Months Days Hours Wiin.
NOTE done during m				OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	00			14. MOTHER'S MAID	EN NAME	
CHA	RLES	SYF	PRROU	/	MABLE	EAtar	
Yes, no or unknow	vn) (If yes, gi	U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	I HONINE HO	ADDRESS
18.	10 X			CALISE	OF DEATH	IS HOPKINS HO	INTERVAL BETWEEN
VO DISEAS RISE TO UNDER UNDER TO UNDER	oes not mean ilure, asthenia or complicatio ANTECED SES OR CONI THE ABOVE LYING CONI SIGNIFICAT	TO DEAT the mode of , ctc. It mea on which c ENT CAUS DITIONS, II CAUSE (A) DITION LA	TH f dying, e. g ns the disease aused death SES ANY, GIVIN STATING TH	(B)	Mering	los is.	
U TO THE	NG TO THE O	CONDITION	NOT RELATE	D r			
	OF OPERAT	TION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
☐ LYING☐ CAUSE C	OR CONTRIE		21B. PLA about home, f	CE OF INJURY (e. g., l. arm, factory, street, office bldg.,	n or 21c. WHERE DID	(If in Baltimore C	City, give exact location)
E NJUR	(Month) (1	Oay) (Year)		THE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID IN	NJURY OCCUR?	
22. I her deceased	eby certify alive on	that I att	ended the	dcceased from and that death occur	red at 253 pm., fr	8-11-	1957, that I last saw the on the date stated above.
23A. SIGN	Rug	11	Phill	M. D.	3B. ADDRESS OHNS	MOPKINS NORM	ITAL 23c. DATE SIGNED
Z4A. BURIKE TION, REMOVAL	(Specify)	B. DATE	t, 195	C. NAME OF CEMETE	CINCHIATORY 2	40. LOCATION (City, 1)	town, or county) (State)
DATE RECEI LOCAL REGI	STRAR	GISTRAR!		ALCOHOLD TO	Mys Katic &	TOR	Schwick 11 12
VS 150					- Janes A	0 0 0	1 /4
- 1600 - 12	540 33	N 466		Water	and the second	1 11 40 1	



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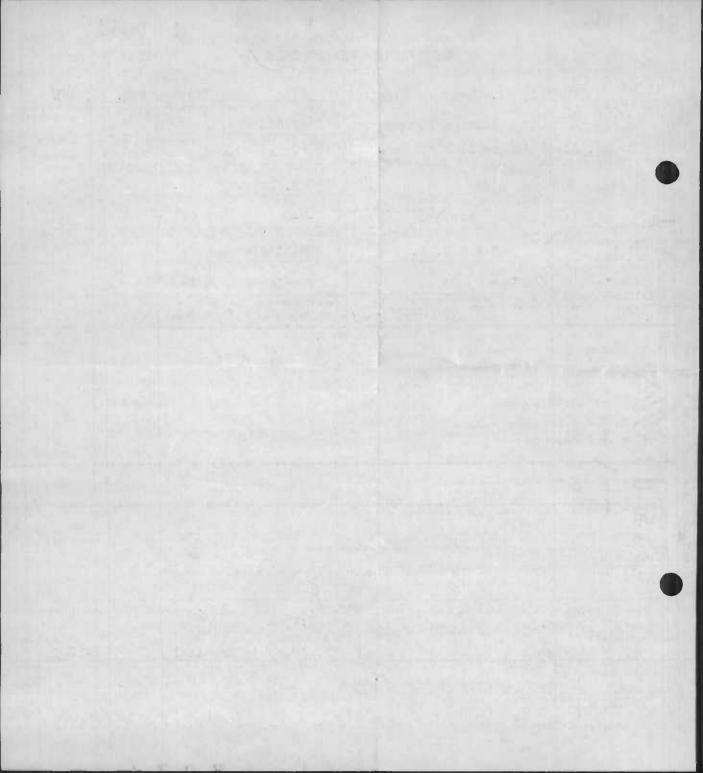
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See Dominant File 51-70/2 8/17/51

51 7043	EA 190A2
BALTIMORE CITY HE	EALTH DEPARTMENT 51 7043
BIRTH NO. 0 - X 3 6 CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
OSTROWSKI, Mr. Theodore Bermard	DEATH Aug. 12, 1714
a. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission)
HOSPITAL OR location)	
St. Joseph's Hospital	Baltimore 24 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	130 N. Lakewood Ave. 6-0 V
Male White WIDOWED DIVORCED (Specify) Married	7-6-04 last birthday) Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY Saw Mill B&OR. R.	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
anton Ostrowski	apolonia Stachervian
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (6e, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Jr. INFORMANT Ostrowski 130 2 9
18. 42 1 CALISE	10011, (2000)
DISEASE OR CONDITION DIRECTLY	OF DEATH
(This does not mean the mode of dying, e.g.,	gestive heart facture
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	sler's myocardites
UNDERLYING CONDITION LAST.	dler's myocarditis
(C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from Au	g. 8, 1901, to Aug. 12, , 1951, that I last saw the
deceased alive on Aug. 12, 1951, and that death occur	red at 3:15 Am., from the eauses and on the date stated above.
23A. SIGNATURE COLLING.	38. ADDRESS 23c. DATE SIGNED St. Joseph's Hospital 8-12-51
A. BURIAL, CREMA 241. DATE 24C. NAME OF CEMETE	
Burial aug. 16-1951 Holy Ros	ary Balto. Co. Mol.
DATE RECEIVED BY REDISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
HOU TO SEE MARE WILL GELD MARE	Mrs. S. Fra Kourki 2007 Castorn

93a



Registered No.

Man

Days

CAUSE OF DEATH

INDUSTRY

A. Baltimore City, Maryland

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Givekind of

work done during most of working life, even if retired)

NONE

13. FATHER'S NAME

NO

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

5 SEX

B. SMITH

2. DATE OF AUGIVI951.

before admission)

township)

It Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

U.S.A.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY

DISTRICT UF COLUMBIA

(If outside corporate limits, write RURAL and give C. CITY OR TOWN

WASHING TON P.C.

p. STREET ADDRESS (If rural, give location) WASH.

14TH ST N.W.

9. AGE (In years | H Under | Year | H Under 24 Hours | last birthday) | Months: Days | Hours | Min.

11. BIRTHPLACE (State or foreign country) MASSACHUSETTS

14. MOTHER'S MAIDEN NAME

MARGARET CAHILL

17. INFORMANT

Sigmoid Colon

PATIENT

GI Hack Amountage

andereselectic Cardiorase. disease

21F. HOW DID INJURY OCCUR?

Need pelvie abress & ilso -signisted fisheld

ADDRESS

12, CITIZEN OF

MATHEW HOGAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ooknowo) (If yes, give war or dates of service)

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify) WIDOWED

10B. KIND OF BUSINESS OR

NONE

16. SOCIAL SECURITY NO.

DUE TO

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CARRIE

B. FULL NAME OF (If not in hospital or institution, give street address or

INSTITUTION UNION MEMORIAL MOSPITAL

6. COLOR OR RACE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A, DATE OF OPERATION

OTHER SIGNIFICANT CONDITIONS CON-

adus carcinoma of Sigmoid Colon 21B. PLACE OF INJURY (e. g., in or | about home, farm, factory, street, office bldg., etc.)

1D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE ATT

WORK 22. I hereby certify that I attended the deceased from MAY 6

deceased alig on Que 12, 19 51, and that death occurred at 5:25pm., from the causes and on the date stated above 23A. SIGNATURE

MAY 10, 1951

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

24A. BURIAL, CREMA-

24B. DATE TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

210 WHENE DID

Union nemorial Hospital

(If in Baltimore City, give exact location)

1951 to aug 12 195, that I last saw the

24D. LOCATION (City, town, or county)

ADDRESS 25. FUNERAL DIRECTOR JONS. CO. 4905

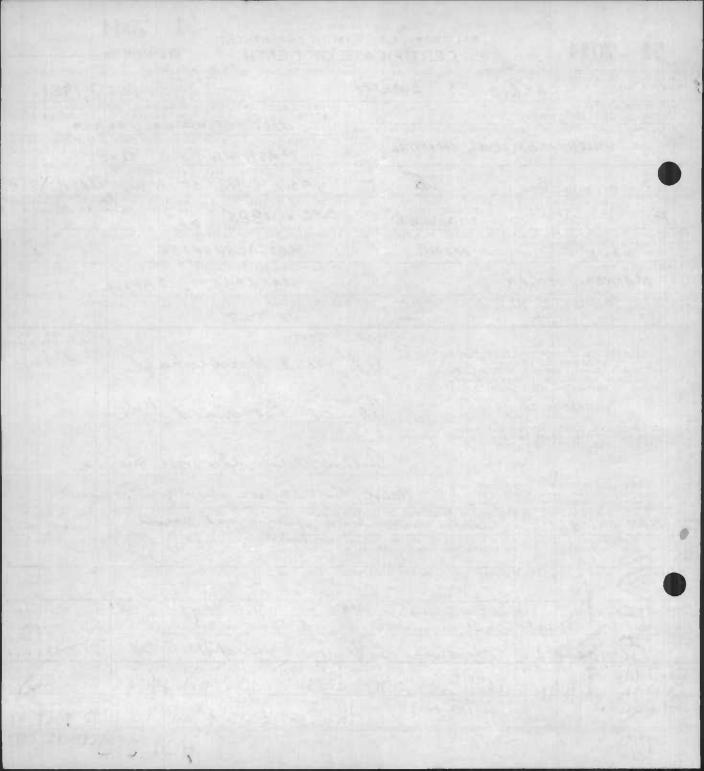
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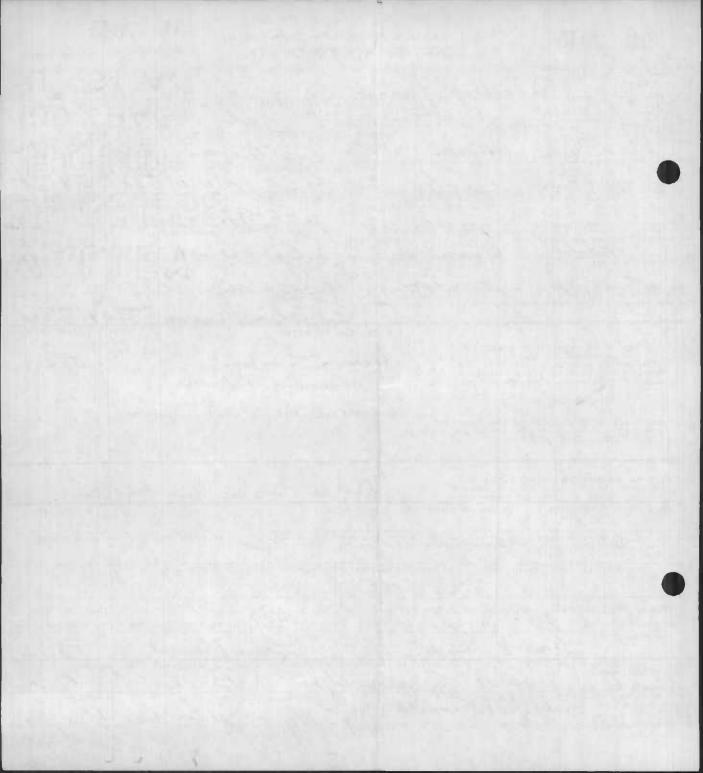
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DATE RECEIVED BY

INJURY



		MO AL	DALT	MORE CITY U	TALTU DEDARTMENT	51 7	045
	51	7045			EALTH DEPARTMENT E OF DEATH	Registered	
_	IRTH NO.	4-3	20	LICTII TOAT	E OF BEATT		
	NAME OF D	1	rearet	Lannon		2. DATE OF DEATH	8/11/51
	PLACE OF DE Baltimore C		Bo	elto	4. USUAL RESIDENCE (WE		If institution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or institution	give street address or location)		ustaida aumonata lim	
IN	ISTITUTION	Luca	Hospite	el	Balteno	M	its, write RURAL and give township)
			1	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	1 (10)
	Length of st	tay in Baltimore	7. SINGLE.	1/2 Days	8. DATE OF BIRTH	mestead	Street
	1-	W	WIDOWEL	DIVORCED (Specify)	6-2-97	9. AGE (In years last birthday)	M Under 1 Year If Under 24 Hours Tonths Days Hours Min.
l C	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KIND 0	F BUSINESS OR	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	More	Gner	lid	Daller	nore -	4.5.0
	e	1	1		14. MOTHER'S MAIDEN NAI	ME	D. 15 3 66 N
15	. WAS DECEASE	D EVERAN U. S. ARMED	FORCES? 1	6. SOCIAL	17-INFORMANT	- Jerg	ADDRESS.
	e, no or unknown/	(If Nos, give war or dates	or service)	SECURITY NO.	Corolia Las		20 Houstand
	18. 420	,01		CAUSE	OF DEATH	1	INTERVAL BETWEEN
		E OR CONDITION			4		
	heart failui	not mean the mode ore, asthenia, etc. It mea:	f dying, e.g., ns the disease,		way Them bosis &		5days
		complication which c	,	DUE TO	my ocardial Infan	etra	
7		ANTECEDENT CAUS		(B) arter	10 ocher Arc HEar	Disease	
2	RISE TO TH	OR CONDITIONS, IF	STATING THE	DUE TO			
5	UNDERLY	ING CONDITION LA	ST.	(C)			
		11					
7	TRIBUTING	GNIFICANT COND! TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATED	Da	be tos Chercletos;	Chonicken	e Dune
,				INDINGS OF OPER			20. AUTOPSY?
3			L ata BLACE	OF MILLIPY (- 1 210 WHERE BIR (16	i- D-11' 0'4	YES NO
j		ENT WAS UNDER- CONTRIBUTING DEATH		OF INJURY (e. g., in , factory, street, office bldg., e	n or 21C. WHERE DID (If INJURY OCCUR?	in Baltimore City,	give exact location)
-	210. TIME (Month) (Day) (Year)		. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
				DRK NOT WHILE			
1		certify that Latt	ended the de	ceased from	8/10, 1951, to	8/11, 19-	that I last saw the
1	deceased al		., 19_1. an		red at 12 10/7m., from the	e causes and on	23c. DATE SIGNED
		ZEM	2 /25	sel M.D.	Juan H	osp, tal	8/11/5-1
	AA. BURIAL, CON. REMOVAL (S		240	NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, tow	n, or county) (State)
0/	ATÉ RECEIVE	BY REGISTRAR'S	SIGNATURE	Merderun	25 FUNERAL DIRECTOR	allo	ADDRESS
	CAL REGISTI		m Trillia	MA, HAR	FUNERAL DIRECTOR	Pen sla	403 1
	VS 150	151	•		x wy - the	w cons	10000
						0 6/00	wageson
						1	9



51 70)46 C-16		LTIMORE CITY HE	ALTH DEPARTMENT	. 51 704 Registered I	
NAME OF D		<u> </u>			2. DATE	
Type or Print)	T	andle and	Allen Coope		OF	g 12,1951
B. PLACE OF D	EATH:	utner	Allan Coope	4. USUAL RESIDENCE (Where deceased lived. If	institution; residence
	City, Maryland	501 M	aine Ave.	A. STATE	B. COUNTY	before admission
S. FULL NAME HOSPITAL OR NSTITUTION	OF (II not in nospit	ar or institut	location		MG • If outside corporate limit	ts, write RURAL and gi
				Baltimore		
			Yrs. Mos.	D. STREET ADDRESS ()	f rural, give location)	26-036
. Length of s	tay in Baltimore 2			8. DATE OF BIRTH	Ave.	X .
S. SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		onths Days Hours: Mir
Male	White		ried	March 9,1903	48	
	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12 CITIZEN OF WHAT COUNTR
chool T		Balte		Powellsville.	Md.	WILKE COUNTR
3. FATHER'S N	NAME			14. MOTHER S MAIDEN	VAME	
Edward	d Tooper			Cornelia Clar	rk	
5. WAS DECEASE	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
No No	(If yes, give war nr date		None	Sara Herman		
1					JOOPEL TOOL	INTERVAL BETWEE
(This does heart failt	SE OR CONDITION LEADING TO DEA s not mean the mode of the asthenia, etc. It mes complication which	TH of dying, e. ans the diseas	E., (A) Pubs	of apople	1	4 hours
	ANTECEDENT CAUS	SES				
DISEASE	S OR CONDITIONS, 1	E ANY CIVI	(8)	<u> </u>	***************************************	
RISE TO T	THE ABOVE CAUSE (A)	STATING T				
2			alatier	about Carlo	Varala. L	1 - Mukeom
	П		(C)	maye may	VILLEUL N	ALONY .
TRIBUTING	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	to P	nie Heple	itis	Unkum
19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., ir farm, factory, street, nffice bldg., e		(If in Baltimore City,	give exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	RY OCCUR?	
LUJURY			WHILE AT NOT WHILE			
00 71		m.	WORK AT WORK L	- 10 1051.	2	1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22. I hereb	y certify that I att	tended the	deceased from yes	e 10 1957, to C		I, that I last saw to
23). SIGNA	TURE	_, 1997	and that death occur	3B. ADDRESS	the causes and on t	23c. DATE SIGNE
101.0.0.0.			1 7	444 4 1 4 4	40 41-1 /4	0

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

ZAA. BURIAL, CREMA-

Aug 15.1951 Woodlawn

25, FUNERAL DIRECTOR

ADDRESS

Woodlawn Maryland

5118 Gwynn Oak Ave.Balto.7, Md.

VS 150

Suther Allen Donper

None

belyzed erkes eles

reques brewed

Latrans

Agon Manne Ave.

ATOMETICS.

agol Waine Ave.

march 9,1905 40

school Teacher Balto. City Fowellsville, Mc.

Cornelian Clerk

Sara Herman Cooper 4503 aarne ave

ADEL IT, 1959

_ muslboow feet, Pf suA

Woodlawn Maryland

blis Gayna Car Ave. Balto. 7, Me.

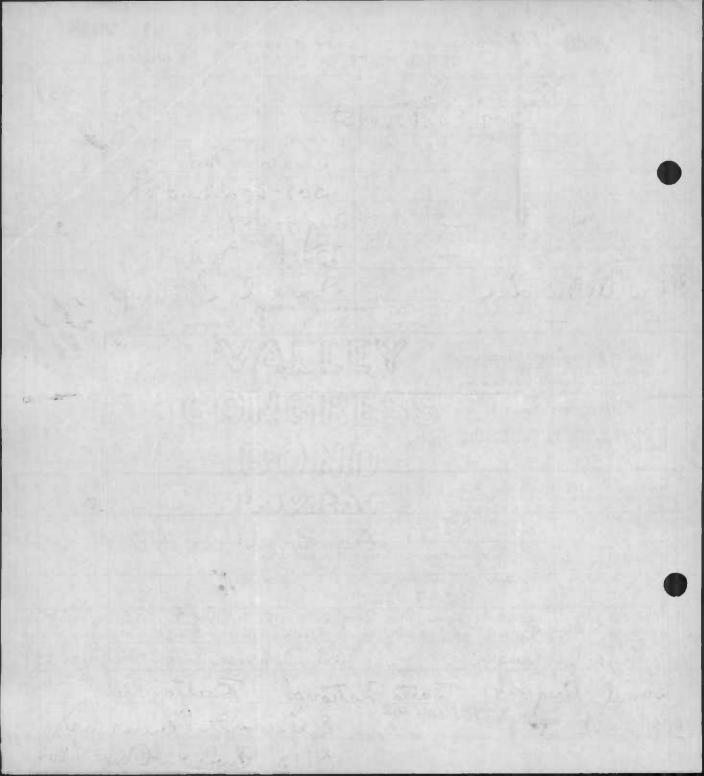
5118 Gwymm Oak Aye., Balto. Md.

tonitary was JET WORLD WAR I

Aug. 15, 1951 Baltimore Mational Balto. Md.

5118 Corpo, Cur Ave. Helto, Me.

REGISTRAR



	51	7049				51 7049	
		DOW			EALTH DEPARTMENT	Registered No	
В	RTH NO.	1-300		ERTIFICAT	E OF DEATH	registered 140	
	NAME OF D	DECEASED M.	ARY G.	KANE		2. DATE OF BEATH	12/51
	Baltimore	City, Maryland			4. USUAL RESIDENCE (stitution: residence before admis ion)
В.	FULL NAME	OF (If not in hosp	ital or institution	, give street address or location)			
IN	ISTITUTION	114E. N	1 ONTE COM		C. CITY OR TOWN	f outside corporate limits,	write RURAL and give township)
-		11 6. 11	(0,01,001	Yrs.	The state of the s	rural, give location)	
C	Length of s	stay in Baltimore		Mos.		LONTOUMER	V ST
THE RESERVE	SEX	6. COLOR OR RACI			8. DATE OF BIRTH	9. AGE (In years) If Un	der 1 Year il Under 24 Bours
	F	W	the state of the s	D, DIVORCED (Specify)	AUG. 26 1870	last birthday) Mont	hs Days Hours Min.
1C	A. USUAL OC	CUPATION (Give kind of working life, even if retire	of 108 KIND C	F BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country) 1	2. CITIZEN OF
-	House	EWIFE		TINDUSTRI	BALTIMORI	G MD.	WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN N	AME	
			SHERD		BRIDGET 7	-LAHERTY	
15 (Yo	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
					ITHOMAS E. IYAM	= /14E. MONT	GUMERY ST
	18. 42	104 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or						
_		ANTECEDENT CAL	ISES	- an	Timo Seem		1 des.
0	DISEASE	S OR CONDITIONS.	IF ANY, GIVING	(B)	0 < /2		***************************************
CATION	UNDERLY	HE ABOVE CAUSE (A	AST.	DUE TO -	Nerma 144/	Henry	12.
FIC				(C)			
RTI	OTHER S	II SIGNIFICANT CONE	NAC SMOITIN				
CEF	TRIBUTING	TO THE DEATH, BU	NOT RELATED				
,				INDINGS OF OPER	RATION		20. AUTOPSY?
SAL		9					YES NO Z
EDICAL		ENT WAS UNDER CONTRIBUTING DEATH	21B. PLAC	E OF INJURY (e. g., in, factory, street, office bldg.,	n or 21c. WHERE DID (1 etc.) INJURY OCCUR?	If in Baltimore City, giv	e exact location)
Σ		(Month) (Day) (Yea	r) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	INJURY			LE AT NOT WHILE			
	22 I basal	as contifes that I a		eceased from - Se	15 4 10504	eng./2, 195/	47 4 T 7 4
	deceased a			d that death occur		he causes and on the	
	23A. SIGNA		1 1		3B. ADDRESS		23c. DATE SIGNED
-	16	1////	relia/	W. D.	1 /9 Milles	an I	8/19/01
710	N. REMOVAL (S	CREMA. 24B. DATE		C. NAME OF CEMETE	RY OR CREMATORY 24D. L.	OCATION (City, town, or	/
	BURIAL	0/16		VEW CATHE		O FREDERIC	
	TE RECEIVE		R'S SIGNATURI		25. FUNERAL DIRECTOR	A	DDRESS

VS 150

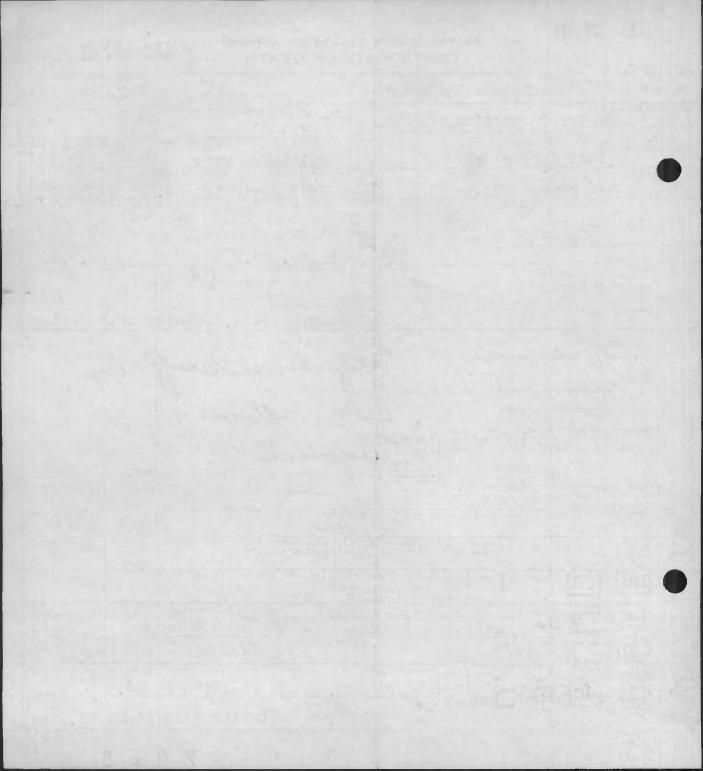
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MEDICAL CERTIFICATION

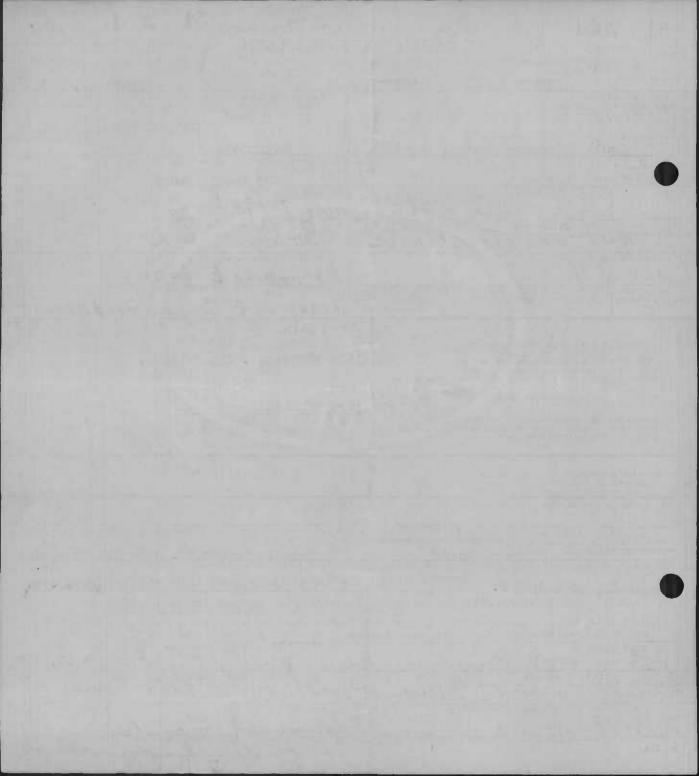
1279 WILLEAM ST.

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. W- 63d	CERTIFICATE	OF DEATH	111610101011111	
I. NAME OF DECEASED (Type or Print) Elizab	eth R. Burns		2. DATE OF AUG.	10, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Bs. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	altimore City or institution, give street address or location)	A. USUAL RESIDENCE (WA. STATE Maryland C. CITY OR TOWN (If	here deceased lived. If ins B. COUNTY outside corporate limits, v	before admission)
I4I7 Coving	gtom St.	Baltimore Ci		township)
c. Length of stay in Baltimore	Life Mos. Days	I4I7 Covingt	on St.	der 1 Year 11 Under 24 Hours
Female White	widowed, DIVORCED (Specify) Single	2/10	last birthday) Month	hs Days Hours Min.
rork done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	Balto. Md.		WHAT COUNTRY?
Lackie Burns		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED F (Yee, no or unknown) (If yee, give war or dates or	f service) 16. SOCIAL SECURITY NO.	Marguerite M.		RESS Covington
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cat ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF ARISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITIONS OTHER SIGNIFICANT	sthe discase, ased death.) S ANY, GIVING TATING THE TO (C) (C) (C) (C) (C) (C)	knis selevo.		
TO THE DISEASE OR CONDITION (198)	A MAJOR FINDINGS OF OPER			20. AUTOPSY?
= ZIA. ACCIDENT, SOICIDE.	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg.,		f in Baltimore City, giv	e exact locution)
D. TIME (Month) (Day) (Year) (I	Hour) 21E. INJURY OCCURRI			
22. I hereby certify that I attendeceded alive on the state of the sta	1957 and that death occur		he causes and on the	that I last saw the date stated above. 23c./DATE SIGNED 8 / 3
24A. BURILL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	cation (City, town, or	county) (State)
Burial 8-14,-19	SIGNATURE	25. FUNERAL DIRECTOR Flynn & Fleming	F	St.
VS 150		5 1 0 0 0	703	393)



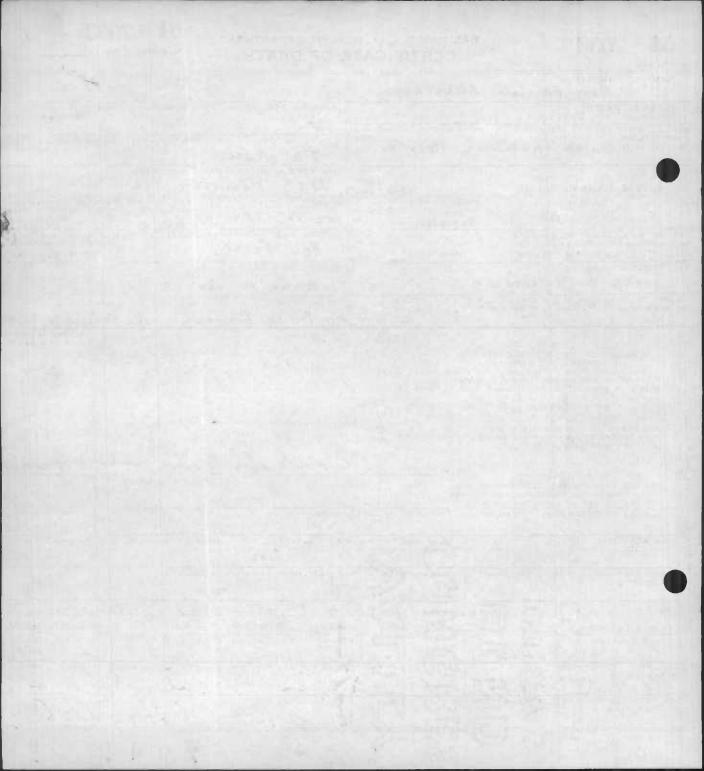
	51 7	051	BAL	TIMORE CITY HE		-141	7051 egistered No.	
-	RTH NO.	B 635		CERTIFICATI	L OI BLATTI			
(T	NAME OF DE	GORDON	1	· BRITTING!	IAM	2. DA		12. 1951
	PLACE OF DE Baltimore C	EATH: ity, Maryland			4. USUAL RESIDEN		eased fived. If ins	titution : residence before admission)
B. H			al or institut	ion, give street address or location)	Maryla c. CITY OR TOWN		orporate limits, v	vrite RURAL and give
		uth Baltimor	e Gener	al Hospital	Baltin			township)
C.	Ogth of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	s (If rural, giv		1 32
5.	sex Male	6. COLOR OR RACE	WIDON	MARRIED.	MAR 1-19	, 9. AGE	(in years and	den I Year If Und r 24 Hours Min.
1 C	A USUAL OCC	CUPATION (Give kind of Tyorking life, even if retired)	TRUC	OF BUSINESS OF	11. BUTHPLACE (Sta	ite or foreign con	intry) 12	CITIZEN OF WHAT COUNTRY
13	ALVIA	AME T.		,	Va11	EE LO	PEZ	
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	HT INFORMANT	E. Loo	E2 ry	3 KERMIT
	(This does heart failur	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, ctc. It mea complication which	TH of dying, e. : ins the diseas	e, (A) Multig	OF DEATH	lacerati & contu		N ERVAL BOOVEN
CATION	DISEASES	ANTECEDENT CAUS OR CONDITIONS, IN HE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVIN	₹G	re of skull			
CERTIFICA	TRIBUTING	II GNIFICANT COND. TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED O				
	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			20 AUTOPSY?
EDICAL	21A. EXTERN. UNDERLYING	AL CAUSE WAS		ACE OF INJURY (c. g., in arm, factory, street, office bldg., e			limore City, give	e exact location)
ME	210. TIME (I	Month) (Day) (Year)	(Hour)	ad 21E. INJURY OCCURRI		ranch Rd.	near Old	i Annapolis Rd.
K	TINJURY	2, 1951 5:03	P. m. l		x Lost contro			
	the evic	dence obtained by	said Auto	remains described a psy, Inspection or I rom: natural causes	nquiry, find that's	aid deceased	died on the	day stated above,
	23A. SIGNAT	nley / .	Du	lach	238 CHIEF MED ASSISTANT MED D. MEDICAT INVES	ICAL FXAMIN	FRTV	DATE SIGNED 15t 13, 1951
TIC	N. REMOVAL (Sp	REMA: 2/4B DATE	511	Moreland			City, town, or	county) (State)
	SLEETS TE	BY REGISTRAR	SSIGNATU	Illians M.R.	Edward	TOR To	ulso	DDRESS 1700
V	S 151	8 13.6		682 =	2359 U	Jask	egton .	Blog



7052 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 1 ena DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Investitution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Mos. rrs c. Length of stay in Baltimore 30 Days 7. SINGLE, MARRIED 6. COLOR OR RACE AGE (In years | ff Under | Year | If Under 24 Hours last birthday) | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED, (Specify) Matrica Dec. 15 1893 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR Worker Co 14. MOTHER'S MAIDEN NAME ERIVATE TATE 13. FATHER'S NAME erine 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH 62 X ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Classof RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? neuma nectom CAL 24 may 1951 Dendogenic Carsinma left luca helt-live YES 218. PLACE OF INJURY (e.g., in or | 210 WHERE DID of in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō LYING OR CONTRIBUTING about home, ferm, factory, street, office bldg., etc.) INJURY OCCURT CAUSE OF DEATH 21E. INJURY OCCURRED ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? INJURY WORK 22. I hereby certify that I attended the deceased from 12 april 1951 to 11 duglist , 1951, that I last saw the deceased alive on / China ____, 195 1, and that death occurred at 5: P: m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED ladema M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 1900101 e a esmer DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECT LOCAL REGISTRAR VS 150

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В	51 7	0.53 R. 2			EALTH DEPARTMENT E OF DEATH	51 Registere		
1. (T	NAME OF D ype or Print)	ECEASED Mary Elizabe	th Ric	:hardson		2. DATE OF DEATH	812-	51
	Baltimore C	EATH: City, Maryland		data have the	4. USUAL RESIDENCE ()	Where deceased lived B. COUNTY		; residence ore admission)
H	OSPITAL OR		al or instituti	ion, give street address or location)		f outside corporate l	imits, write RU	JRAL and give township)
c.	Length of st	tay in Baltimore		Yes. Mon. 13 Days	D. STREET ADDRESS (III			
	SEX	6. COLOR OR RACE	WIDOW	MARRIED. (Specify)	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	H Under 24 Hours Hours Min.
rorl	t done during most o		200	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f			T COUNTRY?
13	FATHER'S N	W. Richar	1000		14. MOTHER'S MAIDEN N			To the second
15		D EVER IN U. S. ARMEI		I 16. SOCIAL	Anna M. 1	SUTAS		
Ye	e, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mr. Pricile Richar	des = 170	4 E Joppe	Rd. Tayon
TIFICATION	(This does heart failu injury or DISEASE:	E OR CONDITION LEADING TO DEA not mean the mode or e, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	TH of dying, e. g. ins the diseas caused death SES F ANY, GIVIN STATING TH ST.	(B) (B) (C) Att	yeardie inj	Carlina Carlina	mhu?	whs years
CER	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D				
SAL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER			YES	
EDIC	HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i arm, factory, atreet, office bldg.,		If in Baltimore Ci	ty, give exact	location)
2	ID. TIME (Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJUR	Y OCCUR?		
		y certify that I att ive on My, 12		and that death occur	1, 1951, to 1 138. ADDRESS Com 18	the causes and o	n the date s	tated above.
2.4 TI	4A. BURIAL. CON. REMOVAL (S	pecify)	16/5/	24c. NAME OF CEMETE	RY OR CREMATORY 24D.	enle	Man J	(State)
	ATE RECEIVED	BY REGISTRAR	S SIGNATU	ORE /	25. FUNERAL DIRECTOR	al Ho	ADDRES	stelle
	VS 150						.02	5
				6	9381	700	173	1



51 7054 BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH 600 1. NAME OF DECEASED 2. DATE (Type or Print) OF Marion Albert Day Aug. 12, 1951 DEATH 4. USUAL RESIDENCE (Where deceased fived. If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission? (If not in hospital or institution, give street address or B. FULL NAME OF New Jersey HOSPITAL OR location) (If outside corporate limits, write RURAL and giv C. CITY OR TOWN U.S. Public Health Service INSTITUTION township Hosatal. Baltimore 11, Maryland Sicklerville p. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days Rt. 1. Box 492 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OR RACE If Under I Year last birthday) Months; Days Hours: Min. July 8, 1907 Single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork doooduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Steward 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Day Elizabeth Barnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or uokoown) SECURITY NO. Records US PHS Hospital, Baltimore, MD. INTERVAL BETWEEN CAUSE OF DEATH 21.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Mitral stenosis and insufficiency with Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO pulmonary edema and ascites. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (c. g., io or | LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH 2 IF. HOW DID INJURY OCCUR? . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from July 10 , 19,51 to August 12 , 19 51, that I last saw the , 19 51, and that death occurred at 10:00 m., from the causes and on the date stated above. deceased alive on Aug. 12 23A. SIGNATURE 23B. ADDRESS

VS 150

24A. BURIAL, CREMA

REMOVAL

DATE RECEIVED BY

John L. Wilson, Clinical

REGISTRAR'S SIGNATURE

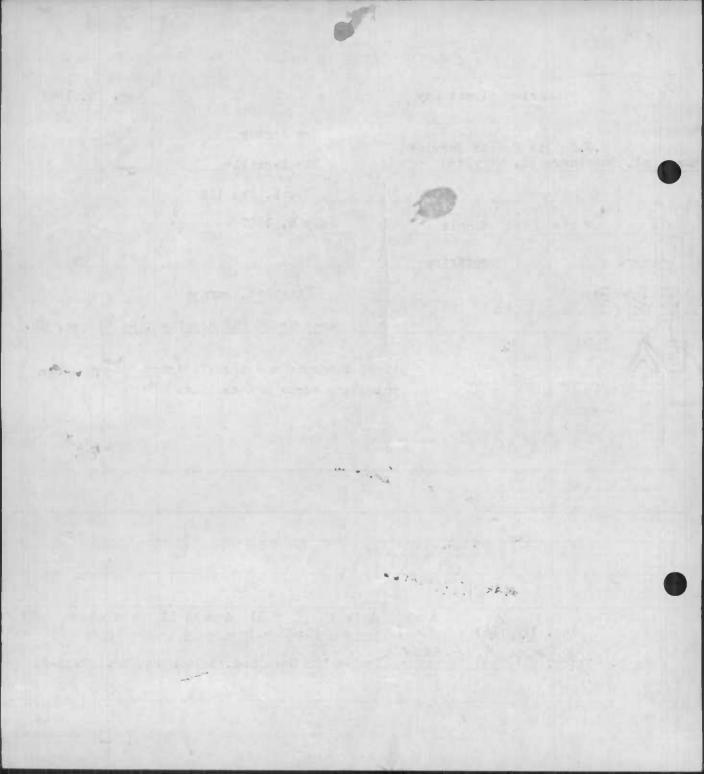
24C. NAME OF CEMETERY OR CREMATORY I

25, FUNERAL DIRECTOR

Director M. D. US PHS Hospital, Baltimore, Md.

WILLIAMSTOWN

24D. LOCATION (City, town, or county)



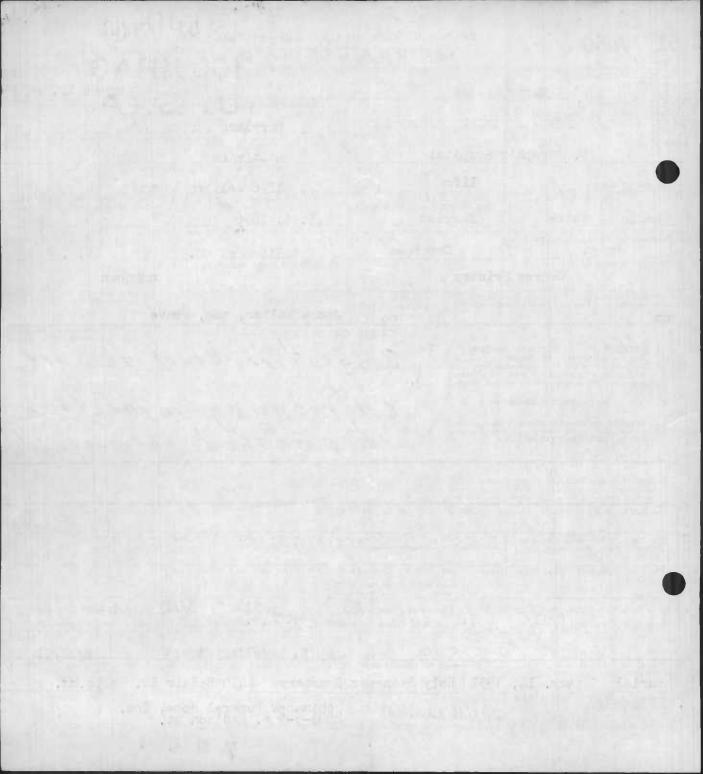
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LOCAL REGISTRAR

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111436 51 7056 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Marie Walter August 11, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 1228 Seliers Avenue 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) | Months; Days | Hours; Min. Female Married Feb. 6, 1896 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Home Hwfe. U.S. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Friskey unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO James Walter, son, above no NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused dcath.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from 8/5/deceased alive on 8/11/ 19 51 and that death occurr 8/11/ , 19 5,4 hat I last saw the 1951 to_ 19 51 and that death occurred at 9:00A .M. from the causes and on the date stated above. 23A. SIGNATURE M. D. 1100 N. Caroline Street 8/11 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial Aug. 14, 1951 | Holy Redeemer Cemetery 4430 Belair Rd. Balto.Md. Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS with aton Millians, Mill LOCAL REGISTRAR VS 150



21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour)

WHILE AT THE WHILE WORK

Morel

21F. HOW DID INJURY OCCUR?

15% to lea 10 , 15%, that I last saw the deceased alive on Georgio, 1957, and that death ocurred at 90 Am., from the Causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE

4c. NAME OF CEMETERY OR CREMATORY

		-	Contract of the second	0	-	State of the last
24A.	BURIA	L, C	REMA	-	24B	. DAT
JON.	REMOVA	L (S)	pecify	1	_	

25. FUNERAL DIRECTOR

ADDRESS

VS 150

DATE RECEIVED BY

LOCAL REGISTRAP

INJURY

LOCATION (City, town, or county)

12 - C 1 St. St. Walled Marie M. Ailejon S. Aluabuller Eister Hemostoy School Heart where Middle Committee MARKET CONTRACTOR OF THE PARTY OF THE PARTY

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7058

Registered No. BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF CARRIE RAVENELL DEATH AUGUST 10, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1609 N. APPLETON STREET township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. 40 yrs NORTH APPLETON STREET c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under I Year 9. AGE (in years) last hirthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Negro Jan. 1, 1886 10A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife USA ORANGEBURG COUNTY, S.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM TAYLOR MELDER TAYLOR 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Amanda Bazemore-1609 N.Appleton St. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebial Hemorhay LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WORK 2 . 1951, to rug 10 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ . 1951 and that death occurred at 6:109. m., from the causes and on the date stated above. deceased alive on the 10 23B. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 1654 North Monroe Atreet 24A. BURIAL, CREMA- 1/24B. DATE TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) MEMORIAN DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 7 188 as the VS 150 T. J. T. WARREN

Extended the North Control of the State of t

51 7059 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print). OF other IGNATIUS I hainbury DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days SINGLE, MARRIED 6. COLOR OR RACE 5. SEX 9. AGE (In years) If Under | Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last hirthday) | Months: Days | Hours: Min. July 6 1872 79
11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? Acliquens Brother ENTUCKY teacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Thornbury Sarah Gutrie 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO. no no School 4409 Frederick Rd 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH emorrhage - Intractable Decen (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) G.T. + NASAL OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that, I attended the deceased from \$/10 . 19 57, to 8/11 _, 1911, that I last saw the deceased alive on 1957, and that death occurred at 1233 7m, from the causes and on the date stated above 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) 24B. DATE 8-14-51 New Cathedral Baltimore City Md. 25. FUNERAL DIRECTOR 118 W. Mt. ROYALS Ave. REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Chas. F. Evans & Son

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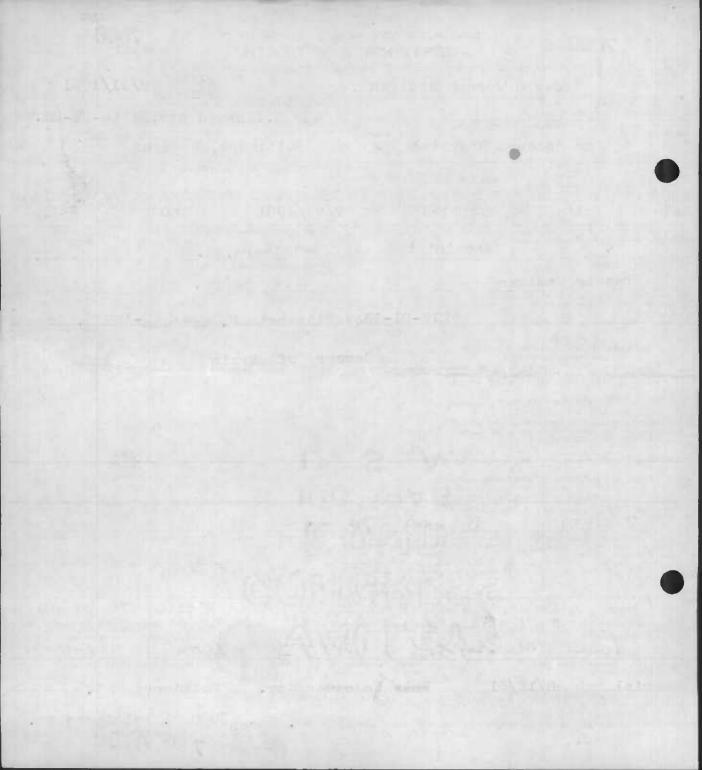
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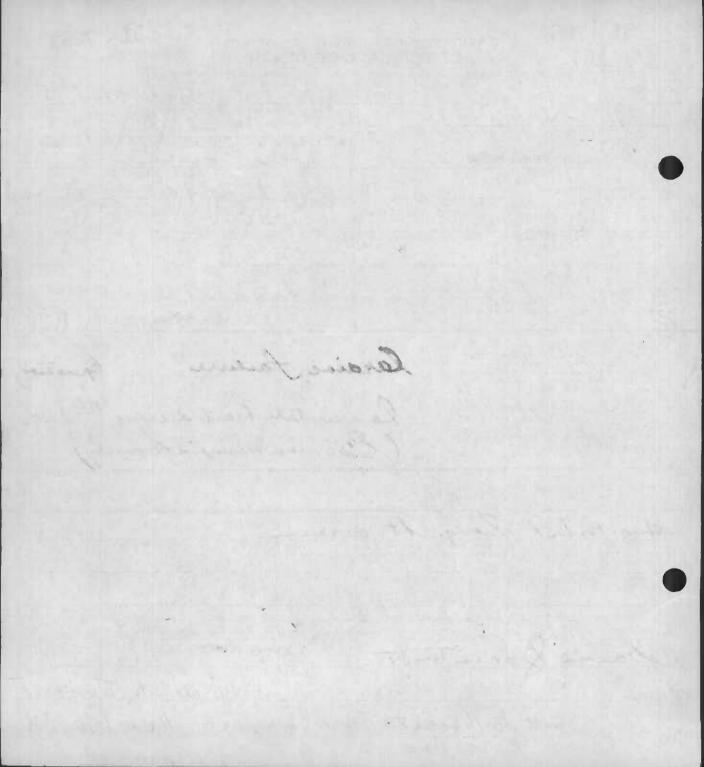
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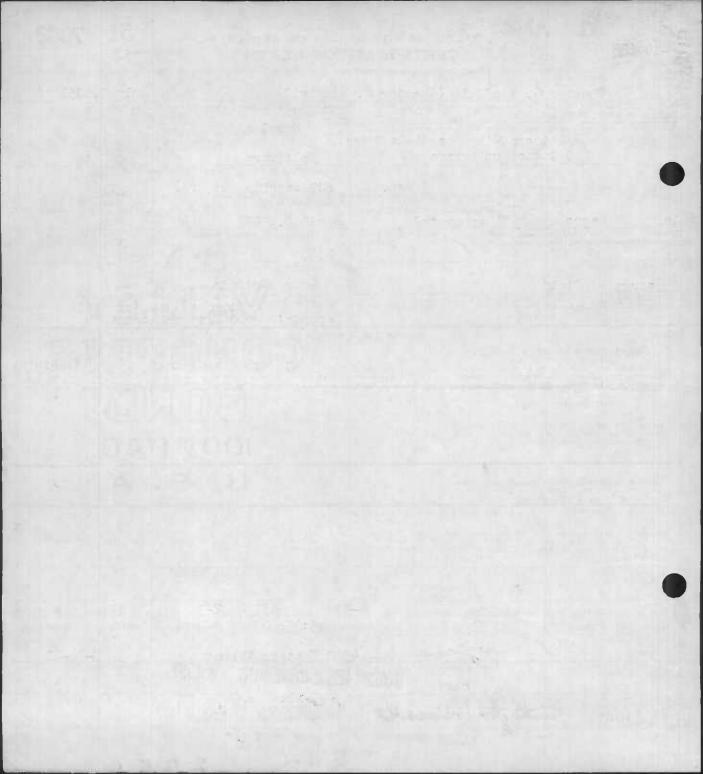
See Lord Town Property 1741 1-1-1-1 LATE OF THE PARTY OF THE PARTY. The land to water the second a discourse tage of the section of the said S.I. . PARA - 1 See the Market of the 1/1-13 1628 W 2231 C

51 7	060 m			ALTH DEPARTMENT E OF DEATH	51 70 Registered	060 No
1. NAME OF DEC (Type or Print)		Joseph A	Madigan		2. DATE OF DEATH 8/1	1/1951
3. PLACE OF DEA A Baltimore Cit B. FULL NAME OF	y, Maryland	lor institution of	ve street address or	4. USUAL RESIDENCE () A. STAZO N. Linwo	Where deceased lived. I	f institution: residence to-24forendmission)
HOSPITAL OR	Bon Secour		location)	c. CITY OR TOWN (II) Baltimore	outside corporate lim, Maryland	its, write RURAL and give township)
c. Length of stay	y in Baltimore	Life	Yrs. Mos. Days	o. STREET ADDRESS (If		6+01
_	White	7. SINGLE, MAI	RRIED.	8. DATE OF BIRTH 7/25/1901		Under 1 Year Under 24 Hours I Under 24 Hours Min.
10A. USUAL OCCU	orking life, eveo if retired)	Machin	INDUSTRY	Baltimore, N		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM				14. MOTHER'S MAIDEN N		
	cis Madiga		COCIA	Ella Egan		
Yes, no or unkoown)	(If yes, give war or dates	of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ave.
injury or co AN DISEASES O RISE TO THE UNDERLYIN OTHER SIGN	asthenia, ctc. It niea: mplication which cs RECONDITIONS, IF ABOVE CAUSE (A) G CONDITION LAS II NIFICANT CONDITION THE DEATH, BUT 1	ES ANY, GIVING STATING THE TONS CON-	(B) OUE TO (C)			
	ASE OR CONDITION	CAUSING IT	DINGS OF OPER	ATION		L 20 AUTODOV2
	(-51	Bra		m 0 1-		YES NO
	T WAS UNDER- CONTRIBUTING ATH		FINJURY (e.g., instory, street, office bldg., e		If in Baltimore City,	give exact location)
ID. TIME (Mo	onth) (Day) (Year)	(Hour) 21E. I WHILE /		21F. HOW DID INJUR	Y OCCUR?	
22. I hereby c	ertify that I atte			- 31 , 1951, to	8-11,197	1, that I last saw the
deceased alive		, 1951. and t		red at 2 m., from t	he causes and on	
23A. SIGNATUI	ian Me	nolons		38. ADDRESS 2025 W F14	e Ha	23C. DATE SIGNED
24A. BURIAL, CRE	MA- 24B. DATE	(\$4c. N	NAME OF CEMETE	2025 W FLY	OCATION (City, town	n, or county) (State)
Burial DATE RECEIVED F	8/14/	51 SIGNATURE	Holy Rede	25. FUNERAL DIRECTOR	Baltimore	ADDRESS
	7	*		John A. Moran 3	000 E. Bal	timore St.
VS 150			. 7	NE Lewis	701	6 54 B



2 \ 3 51 7061	7	54	maa
BALTIMORE CITY HI	E OF DEATH	51 Registered No-	7061
1. NAME OF DECEASED (Type or Print) Across MC fa	dden 2	DATE OF LUG. 1.	3,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE Where	B. COUNTY	itation: residence , before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN Alfonts	ide corporate limits, wi	rite RURAL and give township
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If ture	give location)	· Use
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (In years II Under last birthday) Month	
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12.	CITIZEN OF WHAT COUNTRY?
James Mc Fadden	14. MOTHER'S MAIDEN NAME	Villis	mis
16. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS H	ADDR OPKINS HOSPIT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	guital heart Sotains Micros	deime	Sina Surk
19a. Date of operation 19b. Woor findings of operation 21b. PLACE OF INJURY (6. g., i)	nor 21c. WHERE DID (If in	Baltimore City, give	YES NO
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY m. WHILE AT NOT WHILE AT WORK AT WORK		CUR?	
22. I hereby certify that I attended the deceased from deceased alive on 19. /, and that death occur 23A. SIGNATURE	red at 191, to 7 m., from the costs. ADDRESSOHNS HOPEN	auses and on the d	nat I last saw the late stated above. 3c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) PURIOL	RY DR CREMATORY 240, LOCA	TION (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ALLO 1 4 10 E 1	25. FUNERAL DIRECTOR WW Charbers C	O. RIVERd	DORESS Md.
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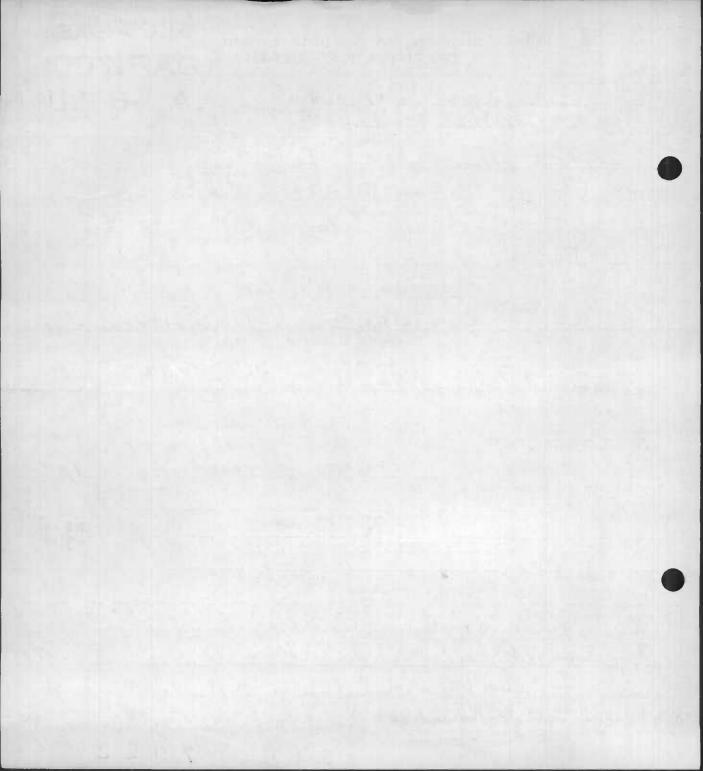




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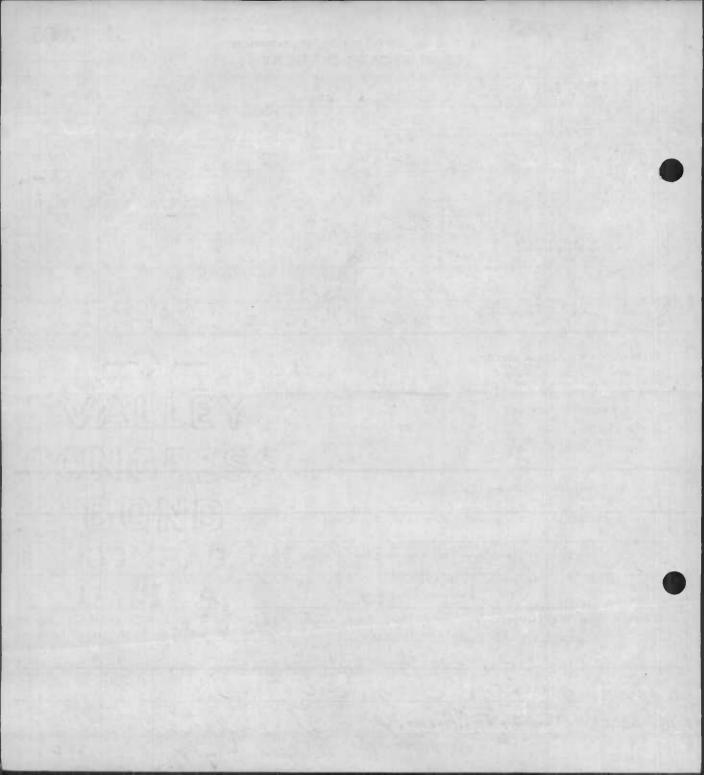
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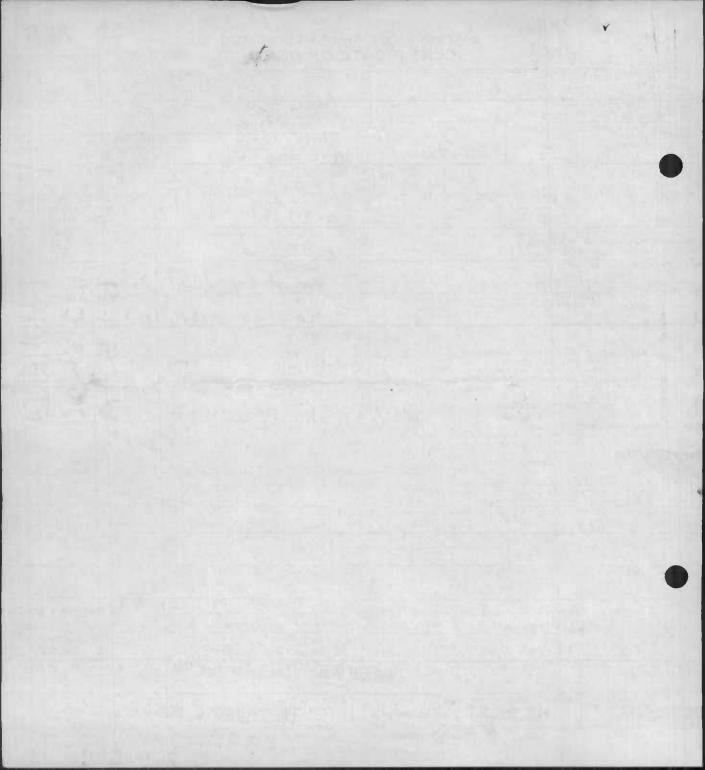
BALTIMORE CITY HEALTH DEPARTMENT

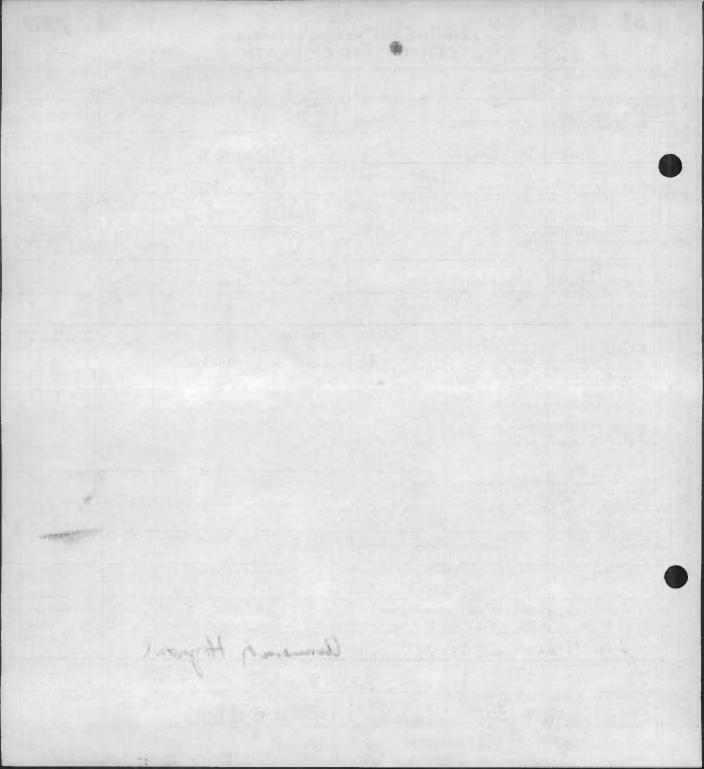
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CERTIFICA CERTIFICA	TE OF DEATH Registered No
1. NAME OF DECEASED , MC M.C. M.C.	2. DATE OF 11.5-1
3. PLACE OF DEATH:	DEATH 0 -// - 0 1
A Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COONTE before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR locatio	
institution 3 - N. Monrol pt.	Balty sould be of borate with ROTAL and give
Yrs	. O. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Day	
5. SEX 6 COLOR OF RACE 7. SINGLE, MARRIED Speci	(y) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last Lie thday) Months: Days Hours Min.
10A USUAL OCCUPATION (Grekindof 10B. KIND OF BUSINESS OR ork done during most of working life, evolutive tired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 2 MC noil	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17pinformant) DA A A ADDRESS
Yearn or unknown) (If yes, give war or dates of service) SECURITY NO	Cornelia Clark -n. mongo
18. 442X CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Nouse 222
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
(c)	
11	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	ERATION 20. AUTOPSY
	YES NO T
21A. ACCIDENT WAS UND CLYING OR CONTRIBUTING about home, farm, factory, street, office bld	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RED 21f. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHI	
22. I hereby certify that I attended the deceased from	3, 195 to That I last saw the
deceased alive on . 19, and that death(ook	
23A. SIGNATURE	238. ADDRESS 23C. DATE SIGNED
24A BURIAL CREMA- 24B DATE , 7 24C NAME OF CEME	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
TION DEMOVAL (Specify) 8/14/5/ Jan	Lock M. C.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG T41951 / Thurstington / Williams, Mills	U. Halstead - 9/8-
VS 150	E Day Will an
	7/15/2/2

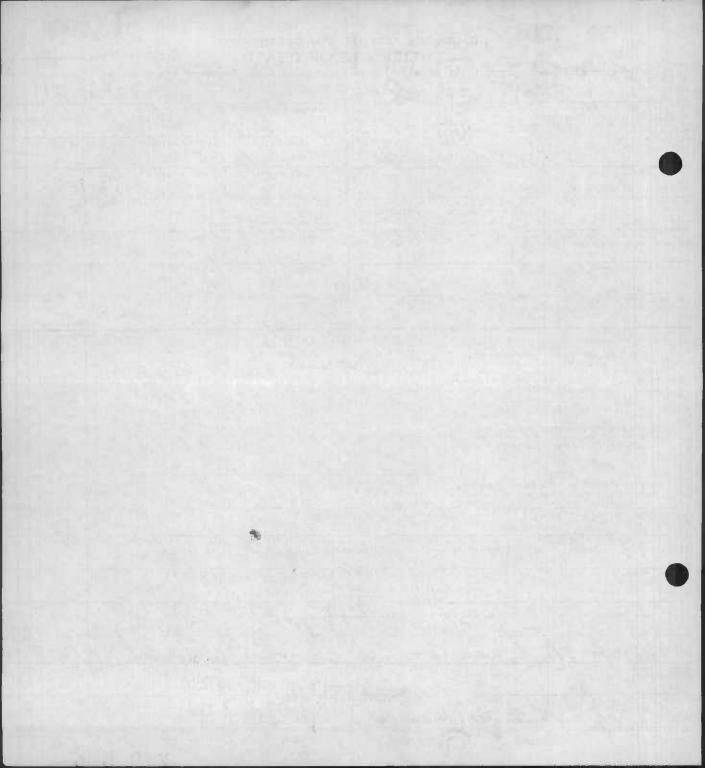


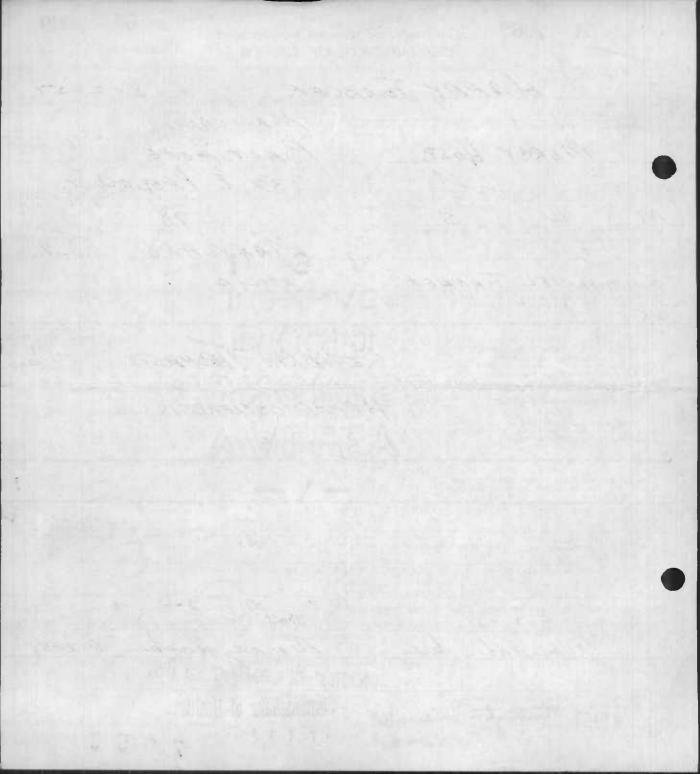
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520 51 7068 5	51 7068
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registere	d No.
1. NAME OF DECEASED (Type or Print) BABY BOY JONES 2. DATE OF DEATH 7	-19-51
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived as STATE)	
B. FULL NAME OF (If not in hospital or institution, give street address or	imits, write RURAL and give
University Hospital / Balto. # 1 11	- 0 by township)
c. Length of stay in Baltimore Yrs. Mos. Days // 0. STREET ADDRESS (If rural, give location, Days)	CX.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 7 - 19-51 9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Rosevely I es & Julia Fillia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS
Julia Williams	Aire
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore Cite i	YES NO YES, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
2 16:	51, that I last saw the
decorded alive on	n the date stated above.
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 310. LOCATION (City, to	own, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE UNIVERSITY AUG COMMISSIONAL OF HEALTH	ADDRESS
VS 150	159

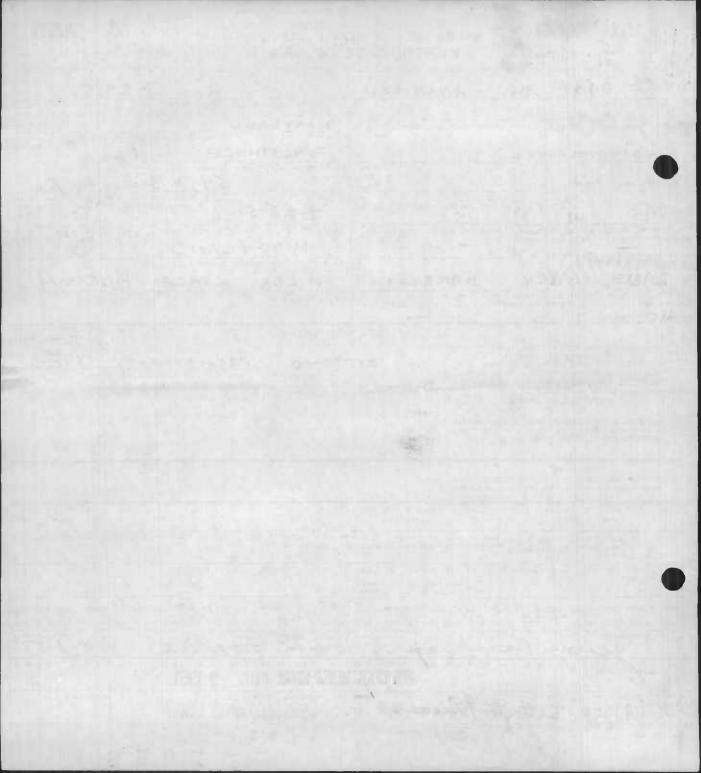




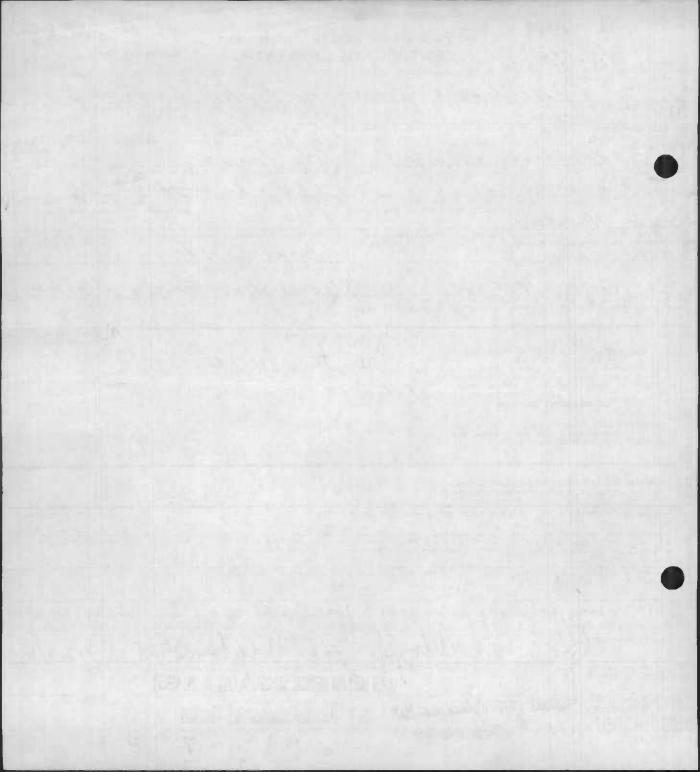
6 2551 7070	BALTIMORE CITY HE	75 1 1	51 7070 d No			
1. NAME OF DECEASED (Type or Print) BABY	HARRISON	2. DATE OF DEATH 7-	29-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived A. STATE				
B. FULL NAME OF (If not in hospital or i	nstitution, give street address or	MARYLAND Cattorine				
HOSPITAL OR INSTITUTION	location)		mits, write RURAL and give township)			
SINAI HOSPITAL		BALTIHORE . #	2 mind a Line			
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location,	LING RO.			
	INGLE, MARRIED, VIDOWED, DIVORCED (Specify)	7-28-51 9. AGE (In years last birthday)	Months Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of 10B work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARY CAND	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.0			
ZANG GREY	HARRISON	HILDA GRACE	MARCOM			
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yee, no or unknown) (If yee, give war or dates of ser	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAUSED IN THE DISEASE OR CA	ng, e. g., (A)	ROMO PREMATURI	11 50 hrs.			
19a. DATE OF OPERATION 19B. M	AAJOR FINDINGS OF OPER	ATION	20. AUTOPSY7			
	B. PLACE OF INJURY (e. g., in thome, farm, factory, street, office bldg., e		ty, give exact location)			
p. TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRE m. WHILE AT NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attende	d the deceased from	7-28 ,1951, to 7-29 ,19	51, that I last saw the			
		red at f'EA m., from the causes and or	n the date stated above.			
23A. SIGNATURE		Finai Hospital	8-3-57			
24A. BURIAL CREMA- TION, REMOVAL (Specify)	JOHN HOPKINS	Wanners and American	own, or county) (State)			
DATE RECEIVED BY REGISTRAR'S SIG	SNATURE	25. FUNERAL DIRECTOR	ADDRESS			

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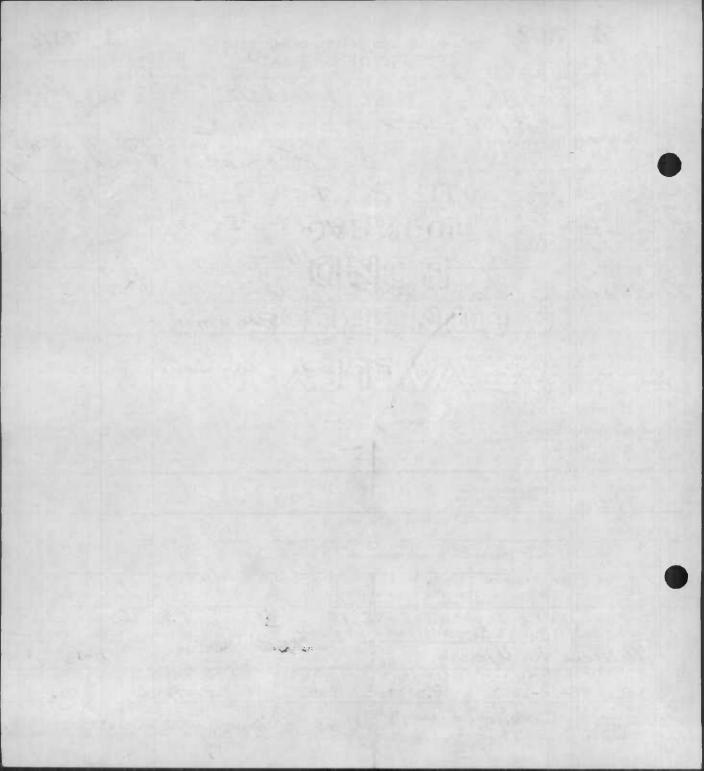
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BALTIMORE CITY HEALTH DEPARTMENT	1017
BIRTH NO. 31.16649 CERTIFICATE OF DEATH Registered	N 0
1. NAME OF DECEASED (Type or Print) Of RAIDINE Barbarea 4/1/er DEATH 1-	23-5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limited)	ts, write RURAL and give
PROVIDENT Lose, tal Bultimore 20	township)
Yrs. D. STREET ADDRESS (If ruyal, give location)	. 11
c. Length of stay in Baltimore	If Under 1 Year If Under 24 Hours
Lemale, Negree WIDOWED, DIVORCED (Specify) 7-22-51 last birthday) M.	onths Dayy Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NEW BORN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Johnnie Hiller Coerabling Tores	Marco
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT A	DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONSET AND DEATH
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City,	give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/22 of 1951, to 1/3, 195	I that I last saw the
deceased alive on 123, 1951, and that death occurred at 12 9m, from the causes and on t	he date stated above.
VELSE W. VICVIM JOHA! 426 M. Gulm Strat	1/24/17
244. BURIAL, CREMA- TION, REMOVAL (Specify) 246. DATE 246. NAME OF THE PROVINCE OF CREMATORY AND LOCATION (City, town	or county) ' (State)
DATE RECEIVED BY MEGICIAAR DIG 1/10RE 25. FUNERAL DIRECTOR COMMISSIONER OF Health	ADDRESS
vs 150	9?



5	23								_/		
		51	7072						1	51	7072
		10		BA	LTIMORE CITY				Dominton		1012
BII	RTH NO.	18.			CERTIFICA	ATE	OF DEA	TH	Registere	2d No	
	NAME OF E	PECEAS	Ton.	ald	1 Han	1	luso	tale	2. DATE OF DEATH	29 13	19-1
	Baltimore		Maryland /	121	7 361		4. USUAL RES	DENCE (Wh			non: posidence before admission)
HO	SPITAL OR	JOHN.	(If not in hospit	al or institu	ition, give street addre	13 VII-	c. CITY OR TO	NN (If or	utside corporate	imila perito	RURAL and giv
INS	NOITUTION			3 (1995)	11,80		Hotes	mac	- 7	ark	P township
с.	Length of s	stay in	Baltimore)	rs. los. lays	D. STREET ADD	ORESS (If ru	ral, give location)	00
5. s	ile	6. COI	OR OR RACE	WIDO	e, married, wed, divorced (sp Single		11-28-	45	9. AGE (In years last birthday)		ays Hours Min.
10/ work	done during most	CUPAT of working	ION (Give kind of glife, even if retired)	IOB. KIN	D OF BUSINESS O		11. BIRTHELACI	State or ford	eign country)		TIZEN OF HAT COUNTRY?
1,3,	THER'S	NAME	1	77	1		14. MOTHER'S	MAIDEN NAM	NE)	7	
1	Der	na	nd	Van	· lusdo	la	-//aru	m	Teml	au	2
Yes,	no nr unknown)	l (lf y	R IN U.S. ARMEI	D FORCES?	16. SOCIAL SECURITY N	0.	7. INFORMANT	/	PKINS HOS	ADDRES	S
	18. 20	4.0			CAUS	SE O	F DEATH			IN	SET AND DEATH
	DISEA	SE OR	CONDITION ING TO DEAT	DIRECTLY	/	011	lannia	lymp	Lette		
	heart failt	ire, asth	ean the mode o enia, etc. It mea	ns the dises	ise,	uci	CERCOL	Mark			****************************
	injury or	compli	cation which c	aused deat	h.) DUE TO						
		ANTEC	CEDENT CAUS	SES							
TION	DISEASE RISE TO T	S OR C	ONDITIONS, II	F ANY, GIVE	(B)	***********	•••••		***************************************	******	******************************
AT			ONDITION LA		(C)						
E											
Fa			CANT CONDI								
U.			OR CONDITION								
-	19A. DATE	OF OPE	RATION 1	9B. MAJO	R FINDINGS OF C	PERA	TION				O. AUTOPSY?
CA	21A. ACCIE	DENT W	'AS UNDER	218, PL	ACE OF INJURY (, g., in o	r 21c. WHERE	DID (If	in Baltimore Ci-		et location)
MEDI	LYING OF		TRIBUTING	about home	, farm, factory, street, office	oldg.,etc.) INJURY OCC				
	D. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY OCC		21F. HOW D	ID INJURY	OCCUR?		
				m.	WHILE AT NOT W				1		
	22. I herch	y cert	ify that I att	cnded the	c deceased from	6/1	, 19	1, to 0	//3,1	of, that	I last saw the
-	deceased a			_, 19_5/	, and that death o				_		e stated above.
	23A. 516 A	elle	en Wi	War	eng M.D		a. ADDRE SAIN			0	13-5/
	A. BURIAL.	Specify)		263	24d NAME OF CEM				CATION (City, to		20.2
DA	Burial TE RECEIVE		8-16-19		St. Pete		1'8 UL	-	nberland	ADDF	Md.
LO	CAL REGIST		And the second second	ing ton	Villand Me	1	Man 9	Mar	3000 E.		imore St.
A	Vs 150	321	0	- Julyan	Note that the same of the same	1/4	you a.	Moras	2000 11.	Laro	Inolo o o
	V3 150				(/	4 52		7 0 6	0 7	4a



An Davies

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 7073 Registered No.

_		_									
1. (T	NAME OF D ype or Print)	ECEAS	Dr.	John	A. Evans			2. DATE OF DEATH	Aug. 1	2,]	951
3. PLACE OF DEATH: a. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						c. CITY OR TOWN	414	outside corners	to limite w	mit., 12 T T	DAT 1
6029 Bellona Ave.						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
		704		4 - 10 - 1	Yrs.	D. STREET ADDRE		107	tion)		
	Length of s				years Days	6029 Bell		Ave.			
male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) married						Jan. 27		9. AGE (In yalast birthd)		l Year Days	H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) phusician (Momeopathic)						Penna.		oreign country)	12.		EN OF
13	FATHER'S	NAME				14. MOTHER'S MA	IDEN N	AME			
	John Nich	holas	Evans			Mary Ann	a Eva	ns			
15 Yes	. WAS DECEASI	ED EVER	IN U.S. ARME s, give wer or dat	D FORCES? es of service)	16, SOCIAL SECURITY NO.	17. INFORMANT ADDRESS IRs. Stella L. Evans 6029 Bellona Ave.					
FRIFICATION	DISEASE: RISE TO T UNDERLY	ANTEC	ean the mode enia, etc. It me cation which EDENT CAU ONDITIONS, VE CAUSE (A) ONDITION L II CANT COND E DEATH, BUT	ans the disea caused deat SES IF ANY, GIVI STATING TAST.	LARDIAL				10	yez:	
ادّ	TO THE D	ISEASE	OR CONDITIO	N CAUSING	IT						
AL	19A. DATE C	OF OPE	RATION	19B. MAJOF	R FINDINGS OF OPER	RATION				20. A	NO D
LEDIC		R CONT	AS UNDER-		ACE OF INJURY (e. g., i ferm, factory, street, office bldg.,	etc.) 21C. WHERE D		If in Baltimore	City, give	exact .	location)
2	D. TIME INJURY	(Month)	(Day) (Year	(Hour)	2 IE. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID	INJUR	Y OCCUR?			
	22. I hereby certify that I attended the deceased from 200- 12, 1949, to Cary 11, 1951, that I last saw the										
	deceased alive on 4/, 195/. and that death occurred at 6. 1. m., from the causes and on the date state 23A. SIGNATURE 23B. ADDRESS 23C. DATE							ated above.			
		11/	Mul	178	TEMPA M.D.	800W.	330	9 21	8	-/	3-51
TIC	n. Burial, (S) on REMOVAL (S)	Specify	248. DATE 4	1951	Greenmount	RY OR CREMATORY		timore, 1		ounty)	(State)
7	TE RECEIVE	951	REGISTRAR	S SIGNAT	URE-	John O. Mit		Il Alma Q	AE	ytav	r Place
	VS 150		1			2.7700		TO THU PIN	4,		- \
	Dan	4.4	80	0	A CONTRACTOR OF THE PARTY OF TH	1, E 1	0	07	0 6	V	3)

Grace 4116 . .

51 '70'74 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH / 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give township MOR (Tural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED Il Under 1 Year H Under 24 Hours 9. AGE (In years | 11 Under | Year | If Under 24 Hours | last bighday | Months | Days | Hours | Min. WIDDWED DIVORCED (Sprify) IDOWE 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR THPAACE (State or foreign country) 12 DITIZEN OF work done during the stof working life, even if retired) INDUSTRY OMANI 110MANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (1f yes, give war or dates of service) 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. 11 CERT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES

1921

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

DATE

WHILE AT NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from.

245. NAME OF CEMETERY

, and that death occurred at

23B. ADDRESS

19 that I last saw the 2. m., from the causes and on the date stated above.

23C. DATE SIGNED LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

BURIAL CREMA-RECEIVED BY

deceased alive on

23A. SIGNATURE

REGISTRAR'S SIGNATUR

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

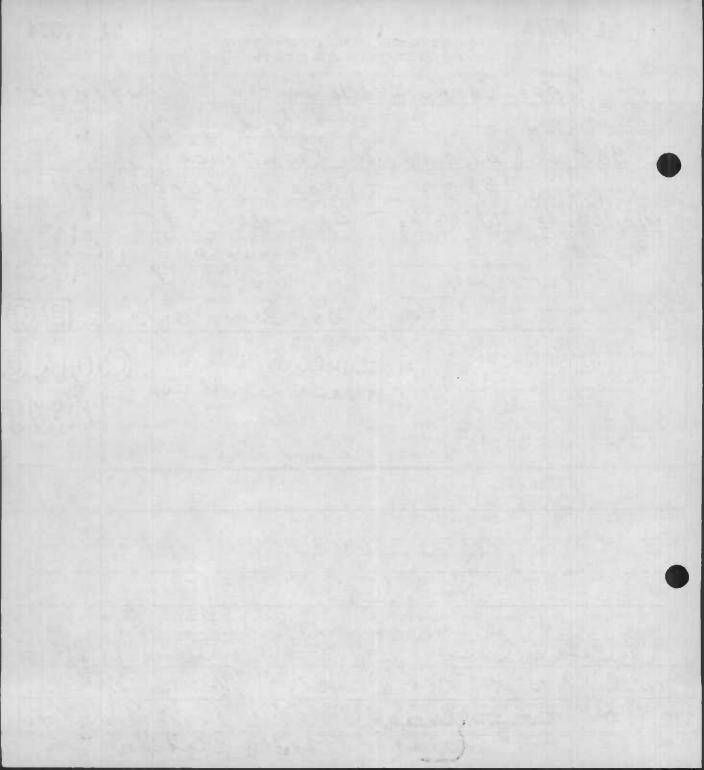
INJURY OCCUR?

OR CREMATORY

FUNERAL

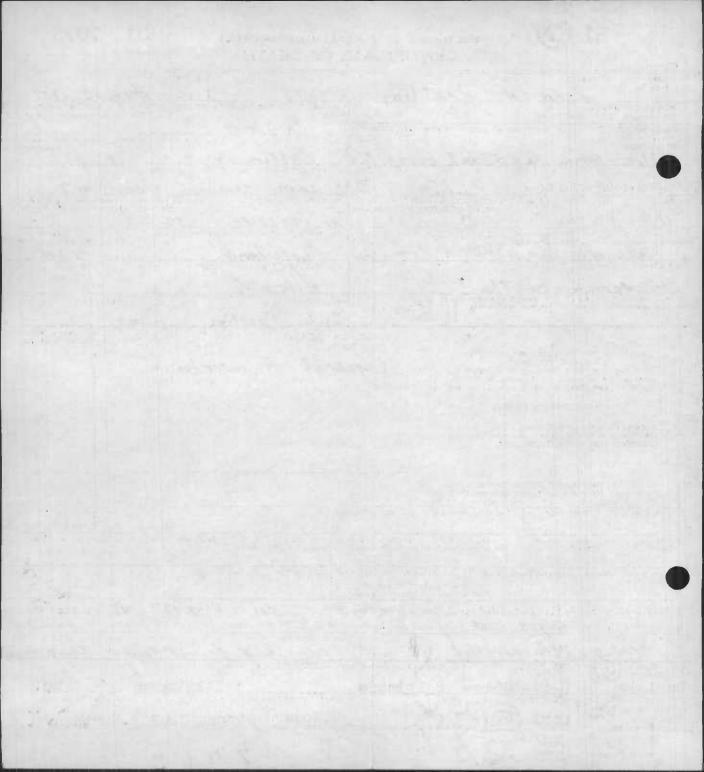
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BALTIMORE			T) 1 .	
BIRTH NO. CERTIF	TICATE	OF DEATH	Register	ed No.
1. NAME OF DECEASED (Type or Print) John H. BARTLIN			2. DATE OF	4.0 13 199
3. PLACE OF DEATH:	1 4.			d. If institution; residence
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street		STATE	B. COUNT	-p
HOSPITAL OR	Town Atlanta	CITY OR TOWN	(If outside corporate	limits, write RURAL and give
MARYLAND General Hos	2:2	ROITIN	UNLE	township)
THE GENERAL CITY	Yrs. O.		S (If rural, give location	1)
c. Length of stay in Baltimore	Mos. Days	2017 /	Cernar DA	Live #7
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCE	8.	DATE OF BIRTH	9. AGE (In year	
n w Stands	JA (Specify)	H 19 187	74 77	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINE		BIRTHPLACE (St	ate or foreign country)	12 CITIZEN OF
ork done during most of working life, even if retired) Balto Kews am	NDUSTRY	Marula	a. 1	WHAT COUNTRY
13. FATHER'S NAME	14	MOTHER'S MAIL	DEN NAME	
Frederick Bartling		E110-	7	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		17. INFORMANT ADDRESS		
Yes, no or unknowo) (If yes, give war or dates of service) SECURI	ITY NO.	-1: D-	-13	
	CAUSE OF	/	1999 OBI	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	CAUSE OF	DEATH		ONSET AND DEATH
LEADING TO DEATH	Cerchi	mal Her	morrhage.	
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,		,,,,,	more re-	
injury or complication which caused death.) DUE TO				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************		*** ***	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
(C)				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.	OF OPERATE	041		L 20 AUTODOV2
19A. DATE OF OPERATION 19B. MAJOR FINDINGS	OF OPERATI	ON		YES NO X
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJU	RY (e. g., in or	21c. WHERE DI	D (If in Baltimore C	ity, give exact location)
HOMICIDE (Specify) about home, farm, factory, stree	et, office bldg., etc.)	INJURY OCCUR	?	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY	OCCURRED	21F. HOW DID	INJURY OCCUR?	
F INJURY WHILE AT	NOT WHILE			
m. WORK 🗀	10			
22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certify that I attended the deceased from Ang. P., 1957, to 22. I hereby certification from the causes and on the date				
		ADDRESS	from the causes and c	
Dana C Hamil		Mai L	Land Har	23C. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 10N. REMOVAL (Specify)	M. O.	ORXCREMAXORX	240. LOCATION (City, t	own, or county) (State)
	m 0 m 0		Baltimore	Ma
Burial 8-16-1951 Baltin		FUNERAL DIRE		ADDRESS
LOCAL REGISTRAR	and a			V N 4.7- A
II AMARAN PER	1 0	· Howard S	trong 3207 V	North Ave.
VS 150	51	000		×3a
	The last		7 0 6 3	8 200

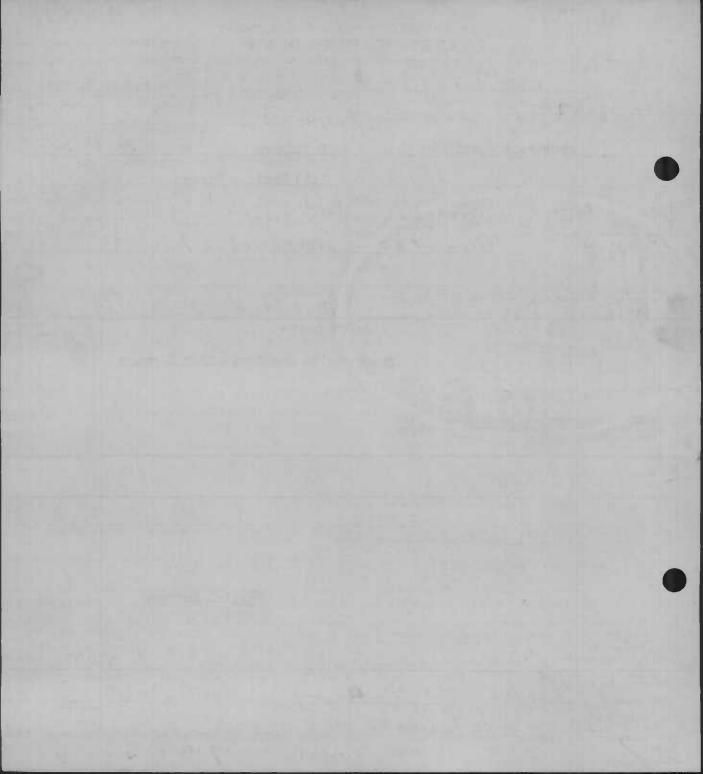


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) EDDIE DEATH August 9 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (if not in hospital or institution, give street address or B. FULL NAME OF Maryland c. CITY OR TOWN HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. ngth of stay in Baltimore Days 413 Madison Street SINGLE, MARRIED 5. SEX 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In years If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days Hours: Min. Colored INDRCEC 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done puring most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL 17 INFORMANT (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive Cardiovascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION YES X 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB. 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\). homicide \(\)! undetermined \(\). 238. CHIEF MEDICAL EXAMINER 23A, SIGNATURE 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR BURIAL. NAME OF CEMETERY OR CREMATORY 248. DATE 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS LOCAL REGISTRADS VS 151



51 '7078 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Edwin W.Henkel DEATH Aug. 11/51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1019 DeSota Rd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 1019 DeSota Rd. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under 24 Hours | Index birthday | Months: Days | Hours | Min. If Under 24 Hours WIDOWED DIVORCED (Specify) [ale July 25,1925 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF working life, even if retired) INDUSTRY MOME WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna L. Einolf John Wade Henkel. Sr. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO John W. Henkel, Sr. 1019 DeSota Rd 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Ceralial 2 444 UNDERLYING CONDITION LAST. FA OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

NJURY

22. I hereby certify that I attended the deceased from

19 / and that death occurred at// 23A. SIGNATURE

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

m., from the causes and on the date stated above.

1 to_8

23C. DATE SIGNED 24D. LOCATION (City, town, or county)

Burial western DATE RECEIVED BY REGISTRAR'S SIGNATURE . FUNERAL DIRECTOR LOCAL REGISTRAR

Baltimore 23. Md.

ADDRESS

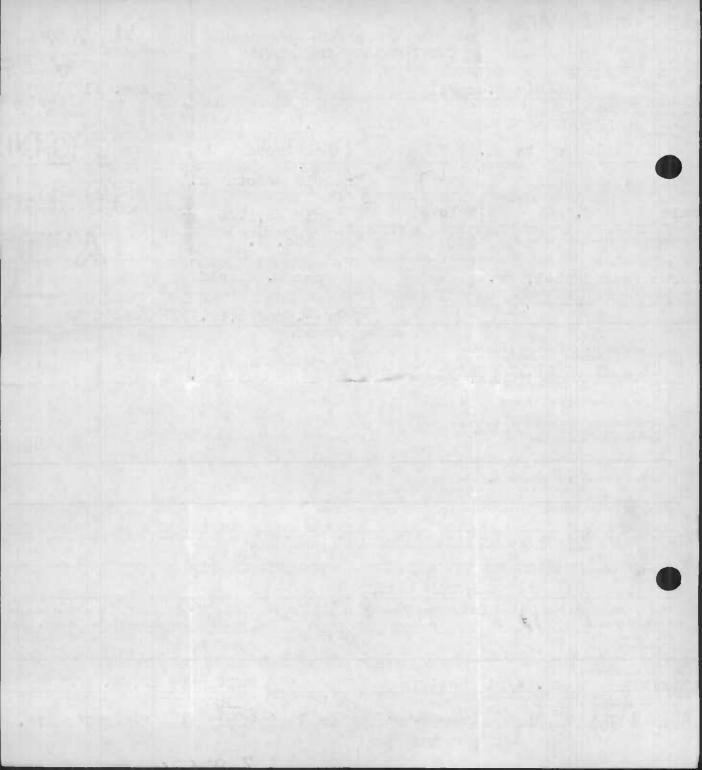
(If in Baltimore City, give exact location)

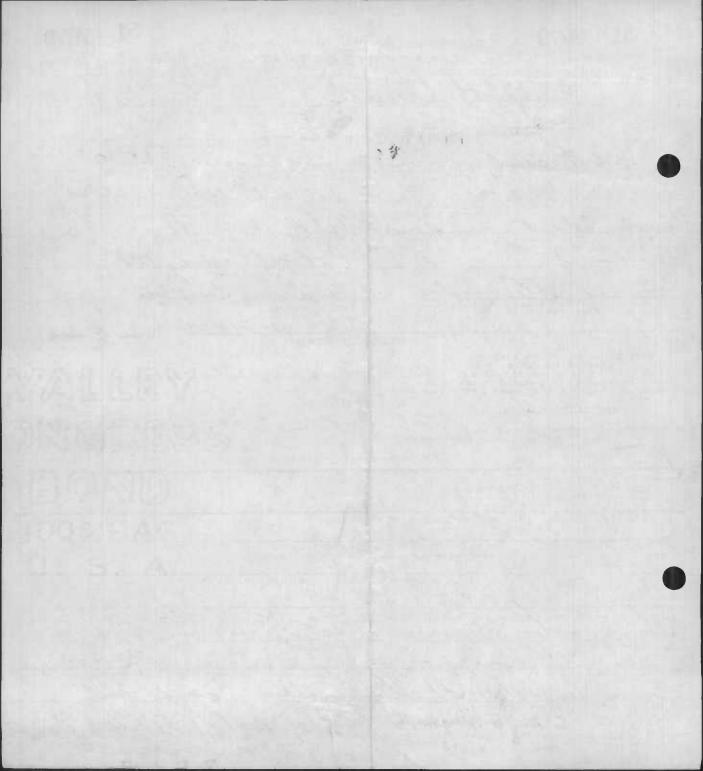
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20. AUTOPSYT

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51 7080 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7080

BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.				
1. NAME OF DECEASED (Type or Print) Mrs. L	Loretta Mae Oden		2. DATE OF DEATH August				
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission					
HOSPITAL OR INSTITUTION	institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and cive			
1210 W. L	elst Street	Baltin					
c. Length of stay in Baltimore	Life Mos. Days	1210 W	. 41st Street				
	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	April 14, 1902	9. AGE (In years last birthday) Month	er 1 Year M Under 24 Hours I Days Hours Min			
ork done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY Nothe Bros. Shirt 1	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
William M. Sprucebank		Mary Ella Ster					
15. WAS DECEASED EVER IN U.S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO. 212-07-4617	Harry A. Oden	1210 W. 41st	Street			
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	ring, e. g., he disease, ed death.) DUE TO (B) (Y, GIVING ITING THE O(C) NS CON- RELATED	tate Carcing and 19	rust	ONSET AND DEATH			
TO THE DISEASE OR CONDITION CAL	MAJOR FINDINGS OF OPER	ATION		20. AUTOFSYT			
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK AT							
22. I hereby certify that I attended the deceased from 1 200 197, to 16 16 19 19 1, that I last saw to deceased alive on 177, 19 , and that death occurred at 305 A.m., from the causes and on the date stated above							
JAMES C- ON	Astes M.D.	111 M. Monum	unt W.	14/5/			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 17, 1	951 Druid Ridge		kesville, Mary				
DATE RECEIVED BY RECISTRAR'S S		25. FUNERAL DIRECTOR Burgee Funeral H		lls Road			

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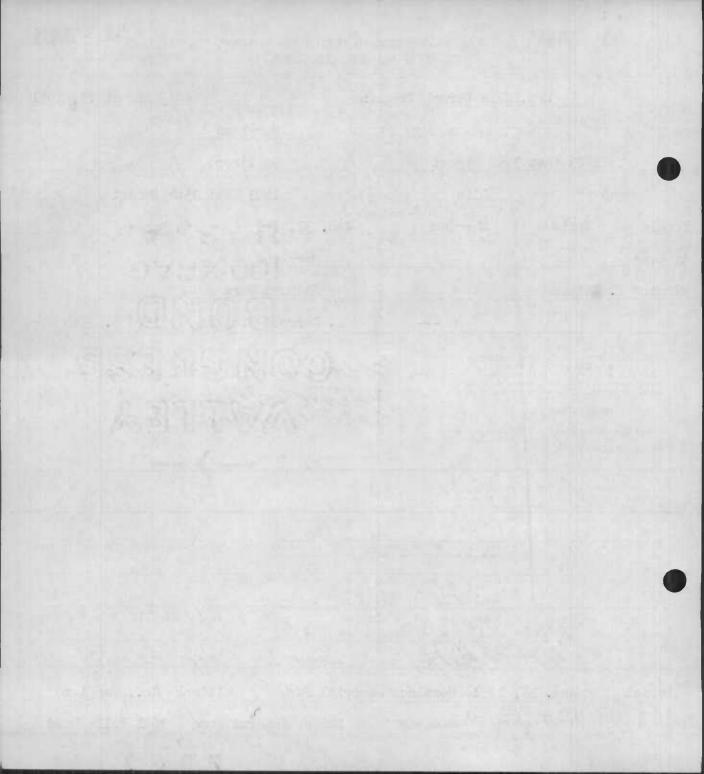
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO I. NAME OF DECEASED (Type or Print) 2. DATE OF Mrs. Ella Bersch Yingling DEATH August 12, 195 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION town hip 1503 East 35th Street Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1503 East 35th Street

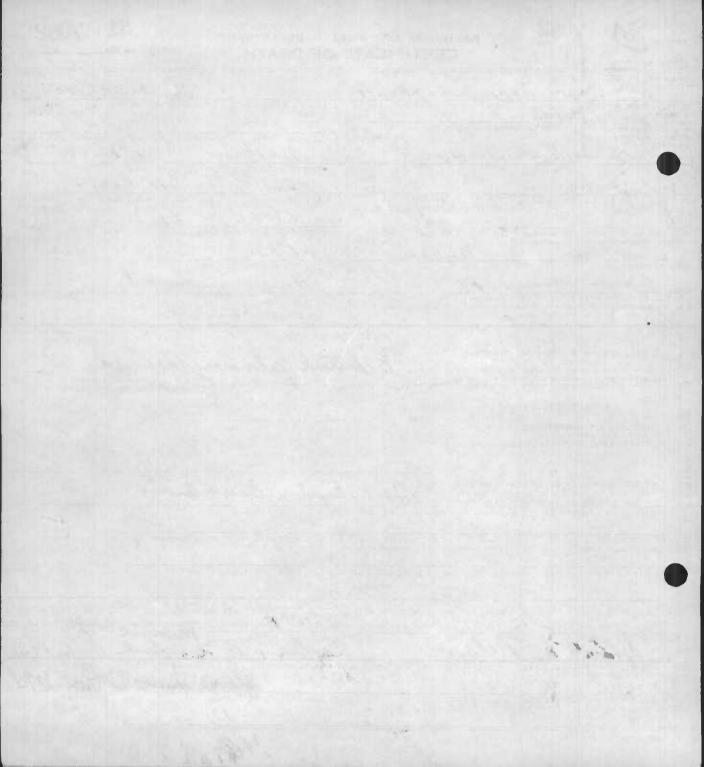
9 AGE (in years of Under 1 Year last birthday) Months Days Hours Min. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) Jan. 31, 1887 White Married 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At Home USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard F. Latham Rachael Hare 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. 1503 E. 35th Street H. Carroll Yingling No INTERVAL BETWEEN CAUSE OF DEATH 18. 20.0 DISEASE OR CONDITION DIRECTLY Covariany Occlusion LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFICAT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK 19 1, that I last saw the 22. I hereby certify that I attended the deceased from Z 12. 19 17, and that death occurred at 5 P. m., from the eauses and on the date stated above. deceased alive on 5 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or equinty) 240 MAME OF CEMETERY OR CREMATORY 24B, DATE Aug. 15, 1951 Moreland Memorial Park Burial Baltimore Co., Maryland 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE Burgee Funeral Home 3631 Falls Road

5-10 6 x - - - 16 1 1801 .

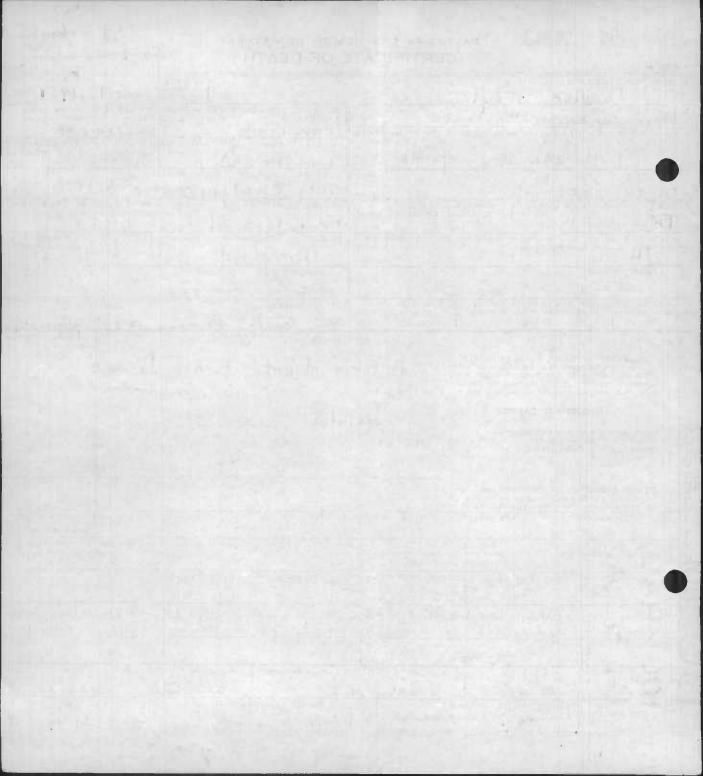


BI	3 1 51 RTH NO.	7082	BALTIMORE CITY HE CERTIFICATE		Registered	7082 No	
	NAME OF D		pp Stephenson		2. DATE OF DEATH Que	5-13,1951	
	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution; residence before admission)	
HC	SPITAL OR	OF (If not in hospital Union Memon	al or institution, give street address or location) Hospital	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 1 1 township)			
		tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	lue.	
	F	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 25, 1882	9. AGE (In years)		
1 O ork	done during most	CUPATION (Give kind of of working life, even if ratired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S		Topp	14. MOTHER'S MAIDEN NAME Many Gentlandt			
	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date)		17. INFORMANT Mrs. Daris	Pert 1	ADDRESS Villinding Va	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
ことと	TRIBUTIN TO THE D	II BIGNIFICANT CONDI G TD THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED ALINE	liged arterior	Klevois	Ş	
AL	19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATUON		YES ND	
N T U	HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	etc.) INJURY OCCUR?		, give exact location)	
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE NOT WHIL						
deceased glive on Cora 13, 19 51, and that death occurred at 12 2 m., from the causes and on the 23A. SIGNATURE 23B. ADDRESS 18, Many 24A. BURML, GREMAN 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or the causes and on the 23B. ADDRESS 18, Many 24A. BURML, GREMAN 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or the causes and on the 23B. ADDRESS 18, Many 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or the causes and on the 23B. ADDRESS 18, Many 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 246. LOCATION (City, town, or the causes and on the 23B. ADDRESS 18, Many 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24B. DATE RECEIVED BY 1 REGISTRAR'S SIGNATURE 125. FUNERAL DIRECTOR						state signed above.	
	DCAL REGIST	CAL REGISTRAR 15 1 1059 CAL REGISTRAR 15 1 1059					

1 88184 07070 1313



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Ung, 12, 1951 LOVISE 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland STATE B. COUNTY before admission) ALTIMOBE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township MAry And Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore arove Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH H Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY t. W. 13-10 13. FATHER'S NAME MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ,5018 Bladgrove CAUSE OF 18. DISEASE OR CONDITION DIRECTLY eterios depotic Heart LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UREMIA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE _, 1911, to wy. Iv , 19 17, that I last saw the 22. I hereby certify that I attended the deceased from any deceased glive on 11, 1951, and that death occurred at 1.40 m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OF CEMETERY 24p. LOCATION (City, town, or county) 24B. DATE 84,16 Bura DATE RECEIVED BY BEGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150

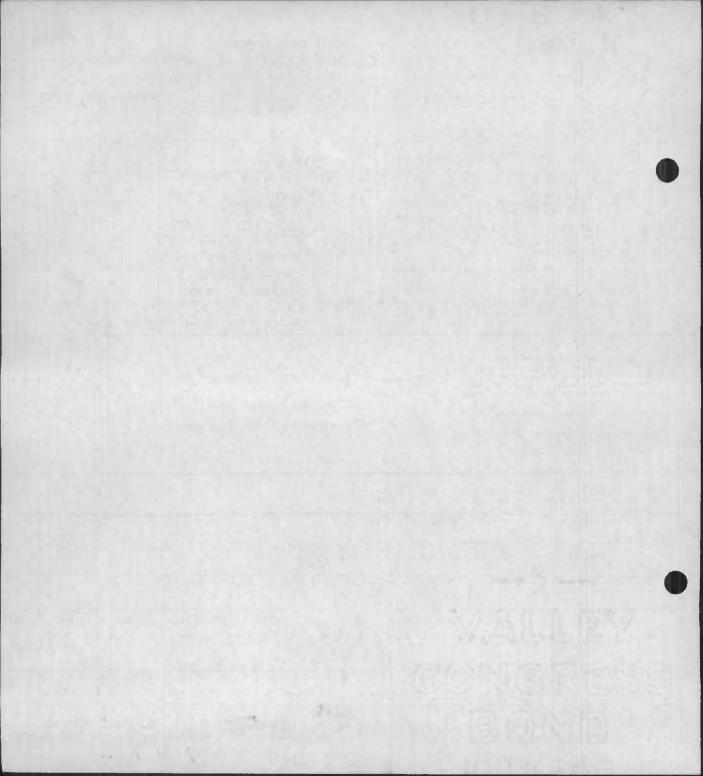


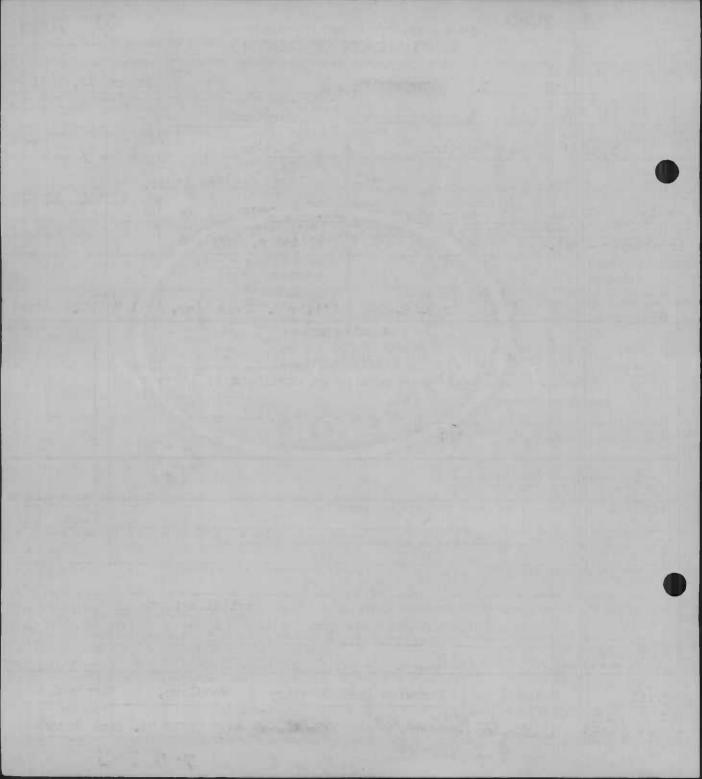
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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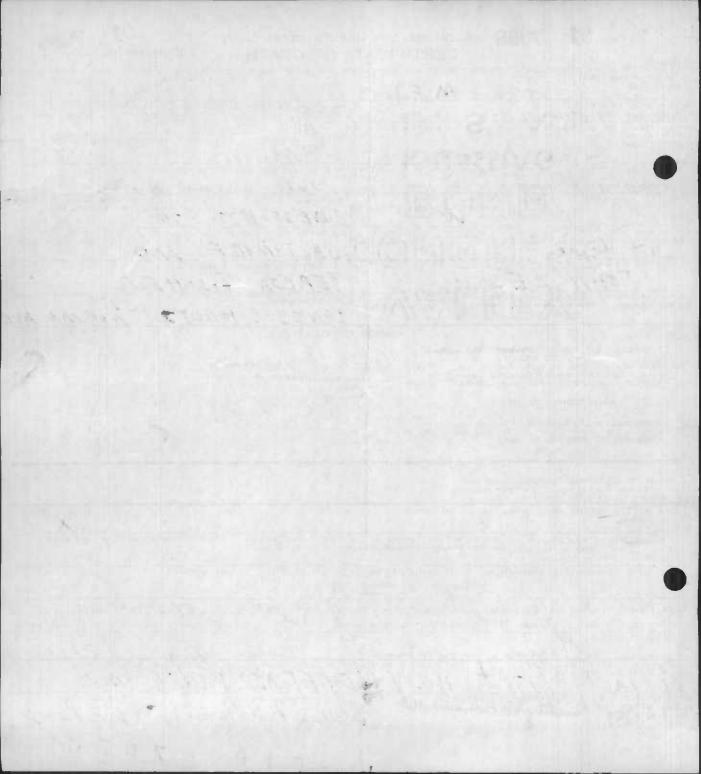
Registered No_

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Harry A. Wright DEATH August 12, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 330 East 20th Street township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 330 East 20th Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years It Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. married Jan. 24, 1881 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Plasterer INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James C. Wright Mary Jane Johnson 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Anna Wright, 330 East 20th Street no INTERVAL BETWEEN 18. CAUSE OF DEATH 477.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Ceremal arcidin (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES arterosche. O. V. digrasse DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUF TO ERTI OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTUPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Mouth) (Day) (Year) (Hour) WHILE AT AT WORK 22. I hereby certify that I attended the deceased from Que 8, 1951, to Que 1 , 1951, that I last saw the deceased alive on Jun 1, 1951, and that death occurred of 1025 P.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED want treducer M. O. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 248 DATE burial Baltimore, St. Matthews Cemetery 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR hunter after Moldianis M. Mm. Cork he 1217 St. Paul Street VS 150



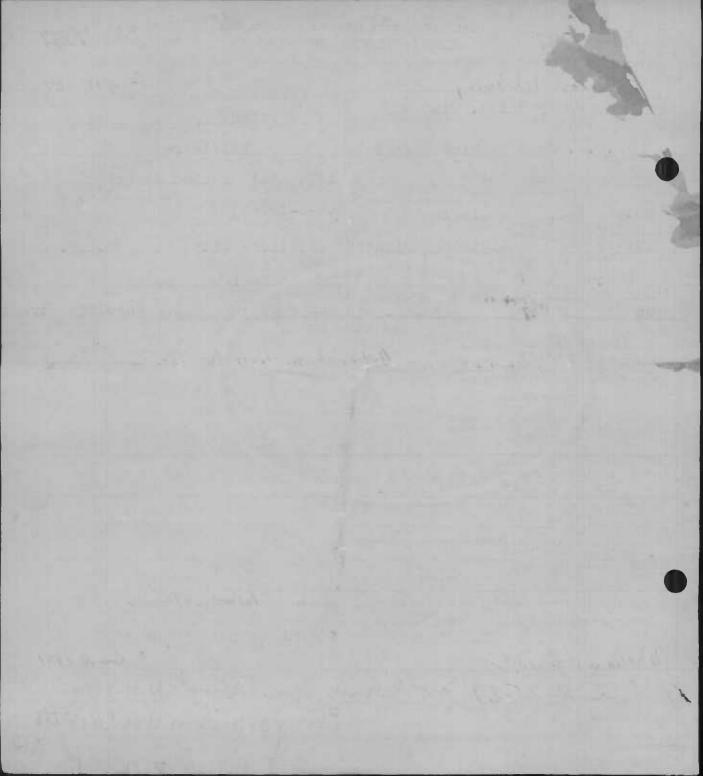


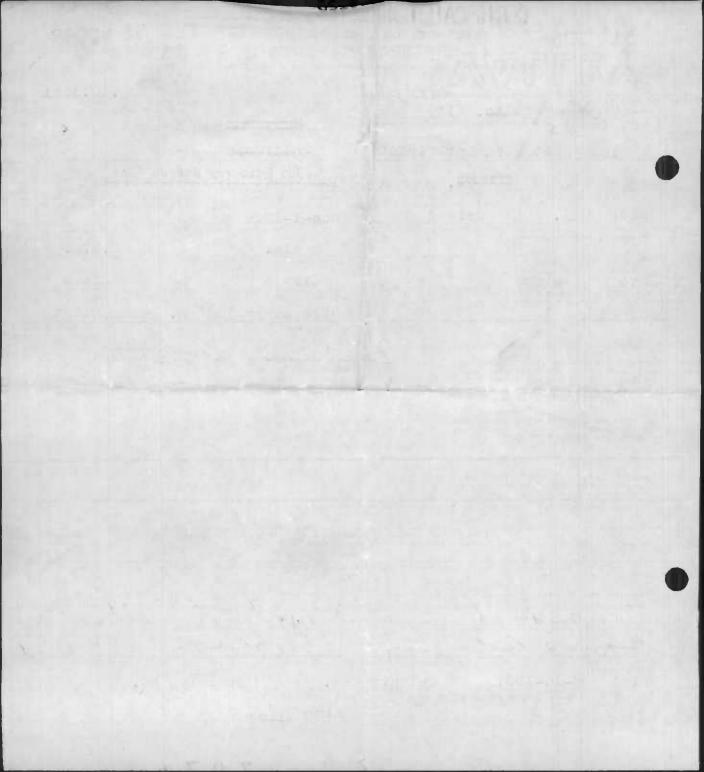
ВІ	1360 51 7086 BA	LTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	51 Registered No	7086			
	NAME OF DECEASED			2. DATE				
(T	'ype or Print) Angle	M Eder		OF BIS	1-			
Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI		stitution: residence before admission)			
H	FULL NAME OF (If not in hospital or institu	tion, give street address or location)	c. CITY OR TOWN (If o	outside corporate limits,	write RURAL and give township)			
1.6) 141 BOS	Yrs.	Danimo, e	. 8-	05			
c.	Length of stay in Baltimore	Mos. Days	o. STREET ADDRESS (If r					
5.		E, MARRIED, NED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years of Under I Year last birthday) Months: Days Hours Min.					
10 vorh	A. USUAL OCCUPATION (Givekind of a done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	JOHN DESCH	+	TERESA FI	SeHER				
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1/7- /CATA	THESS			
	18. //>/	CAUCE	OF DEATH	IL N	INTERVAL BETWEEN			
	4 1 1		OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dwing a g							
	heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) OUE TO							
	ANTECEDENT CAUSES							
Z O	DISEASES OR CONDITIONS, IF ANY, GIVING							
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.							
0		(C)						
ERI	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING							
	19A. DATE OF OPERATION 19B. MAJOR	ATION		20. AUTOPSY?				
CAL					YES NO			
1EDIO	2 1a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact local 1 lying of a Contribution of the contribution of th							
2	O. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?				
	INJURY MHILE AT NOT WHILE MORK AT WORK							
	22. I hereby certify that I attended the deceased from 8/12, 151, to 8/13, 1951, that I last saw							
	deceased alive on 8/13, 1951, and that death occurred at 3 25 p.m., from the causes and on the da							
	23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS							
	/ lereme &	Collera.D.	of unas ;	Hoos	8/13/51			
TIC	AA. BURIAL, CREMA- 24B. DATE DAY, REMOVAL (Specify)	HOLY R	FOREMATORY 240. LO	CATION (City, town, or	county (State)			
DA	ATE RECEIVED BY REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR	, , , , , , , , , , , , , , , , , , ,	ADDRESS			
DI	GA 4 1951	A LAND IN A	larence + Stoffm	an 1639 Be	oadway			
	VS 150		(1)		62. 43/			
			05100	070	139			



BALTIMORE CITY HEALTH DEPARTMENT Registered No. 708 CERTIFICATE OF DEATH 1. NAME OF DECEASED
(Type or Print) 2. DATE DEATH Hug 11 1951
4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and all C. CITY OR TOWN INSTITUTION John Hopkins Hospita Baltimore D. STREET ADDRESS Mos. angth of stay in Baltimore Days reston Street 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In year.) If Under | Year WIDOWED, DIVORCED (Specify) Nov-6-1895 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12 CITIZEN C work done during most of working life, even if retired) INDUSTRY WHAT COUNTIN Baltimore City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Hester Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Caroline Kane 1817 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosetrose Hart Discuse (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20 AUTOPS YES 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB. UTING | CAUSE OF DEATH. ZIF. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED F INJURY WHILE AT WORK Autosy, Inspection or Inquir 22. I certify that I took charge of the remains described above, held an _ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes 💥, ascident 🗀, suicide 🗋, hemicide 🤼 undetermined 📗 23A. GIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY UNERAL DIRECTOR. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR · m. 12/2-

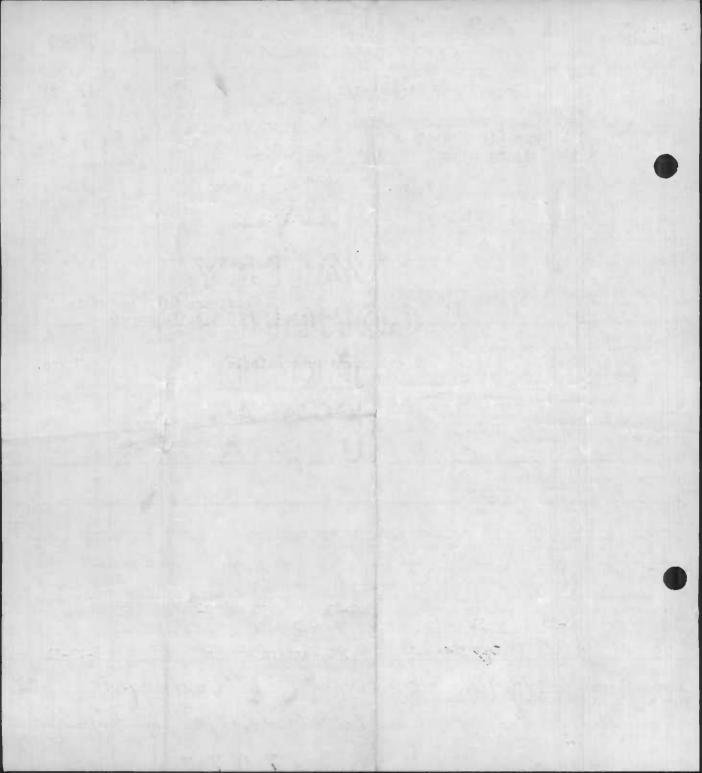
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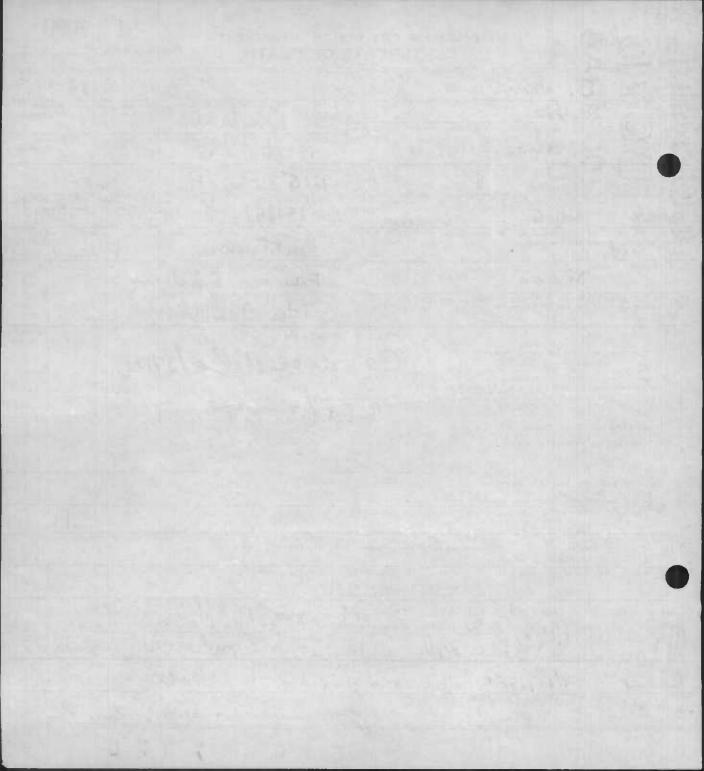
CAL



BALTIMORE CITY HEALTH DEPARTMENT

51 7090

DI 7000 CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED Benjamin Ginsb.	era 2. DATE 8.13.1951
S. PLACE OF DEATH: A. Baltimore City, Maryland	A STATE B. COUNTY before admission)
B. FULL NAME OF (If not in pospital or institution, give street address or HOSPITAL OR INSTITUTION location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rum) give location)
5. SEX 6. COLOR OR FACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Mours Min. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Prachmore U.S. 9.
13. FATHER'S NAME SIMON	Famie Gusberg.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Ida Ginsberg.
beart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CDNTRIBUTING TO THE DEATH, BUT NOT RELATED	rdiac dela latra
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.	
10. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on 1990, 1990, and that death occur	1 9409 to 8/13, 19 That I last saw th
241 BERTAL, CREMA- 248, DATE 24C, NAME-OF CEMETE	1225 Maler W 8-13-51
DATE RECEIVED BY REGISTRAR STICNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS ALLER PL
VS 150	5 1 0 0 0 7 0 7 0 61

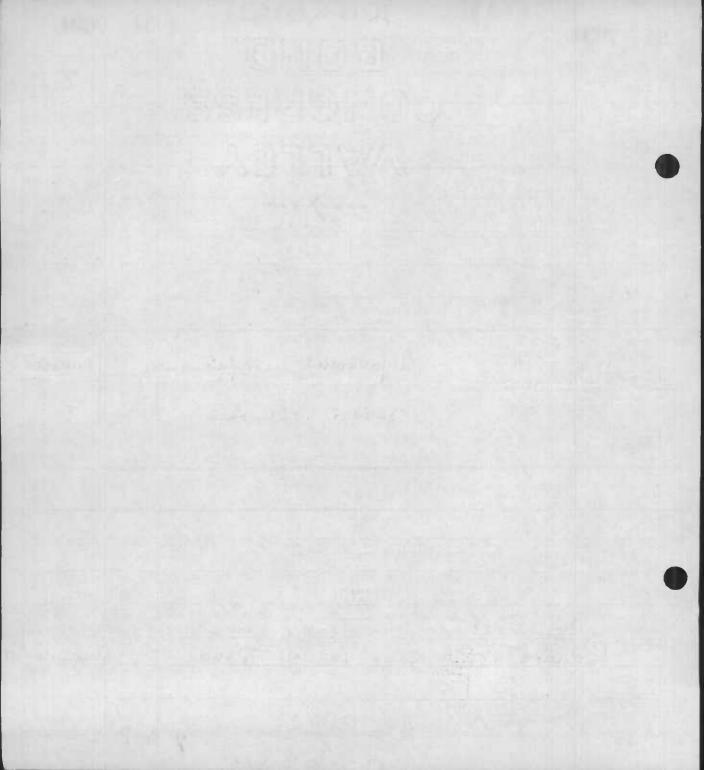


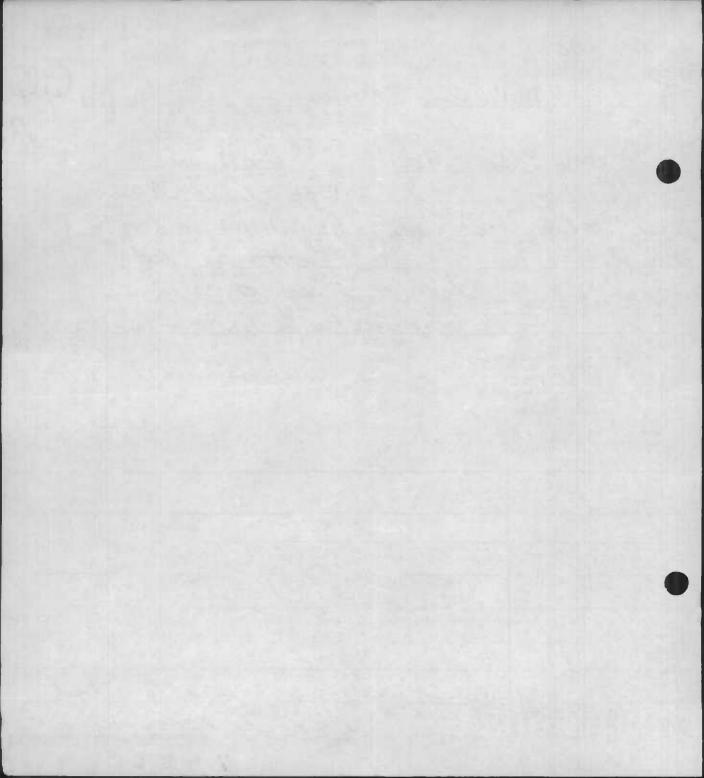
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7091

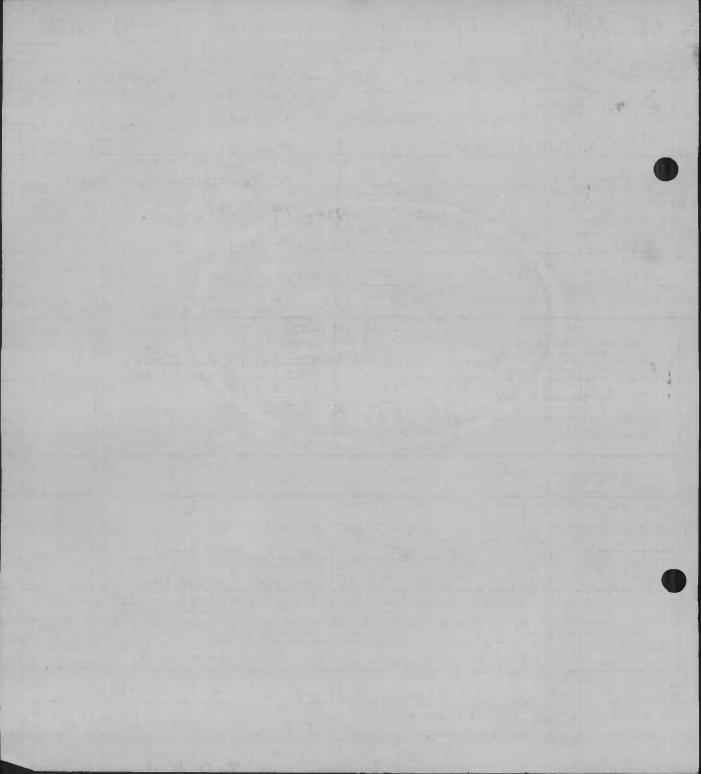
Registered No.

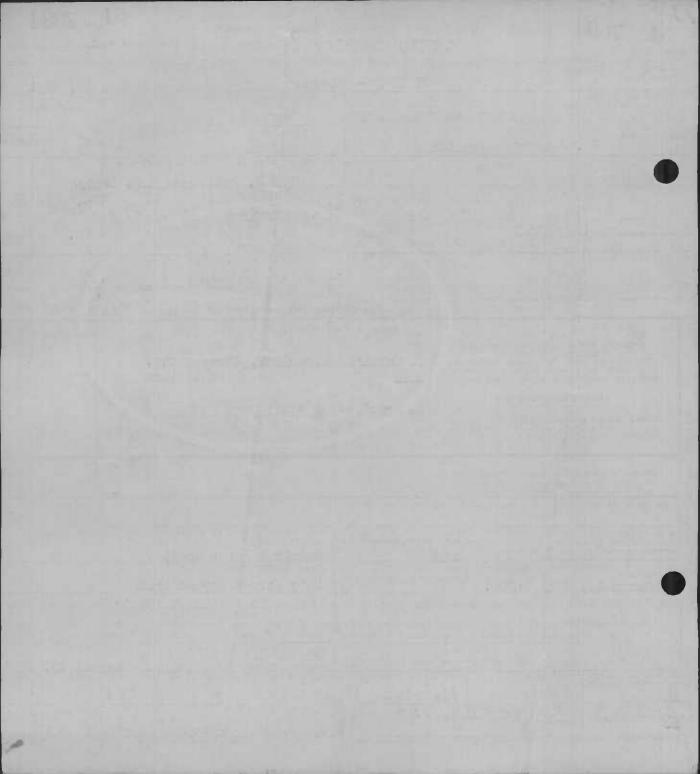
BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) OF Lillie kenhart michael August 13, DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY A. STATE before admission) maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 3436 University Place Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3/136 Universit Il ce c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 24 Hours WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Baltimore, mar il ad J. J. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Morehead Margiret A. Curtis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. ar. Tarry C. michae -3/36 riversity 1]. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPST EDICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED INJURY AT WORK , 1930, tolling. 13 , 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on the 13, 1951, and that death occurred at pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 10 duard 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) AL . 16. o don Park ...errland REGISTRAR'S SIGNATURE DATE RECEIVED BY 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Yelianes M. VS 150 3





BI	51 RTH NO.	7093 19.25470		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered No	7093
	NAME OF DI ypc or Print)	RAYMON	D Ec	Smund BITT	NER -Bitner	of August	12, 1951
А. В. Н(PLACE OF DI Baltimore C FULL NAME SPITAL OR STITUTION	ity, Maryland		ion, give street address or location)	A. USUAL RESIDENCE (Wa. STATE Maryland c. CITY OR TOWN (If Baltimore	where deceased lived. If in B. COUNTY outside corporate limits,	hefore admission)
		tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If	terson Park A	
1.5	ale	White	WIDOW 51	E, MARRIED. YED, DIVORCED (Specify)	Nov. 14-1949	last birthday) Mon	ths Days Hours Min.
work	chile	CUPATION (Give kind of f working life, even if retired)	10B. KINE	O OF BUSINESS OR INDUSTRY	BALTIMORE	Md	2. CITIZEN OF WHAT COUNTRY?
1.3	FATHER'S N		NCR		HNNA HEIN	AME	
		D EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	BiTHER 74	PON. PATT PK.
CERTIFICATION							ONSET AND OEATH
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?	
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING IT OR CONTRIB. Road 21B. FLACE OF INJURY (e.g., in or obout home, farm, factory, street, office bidg., etc.) Road 21E. INJURY OCCUR? Belair & Joppa Roads 21F. HOW DID INJURY OCCUR? Auto struck parked truck 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and free autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated abound death in my opinion resulted from: natural causes , accident F, suicide , homicide , undetermined .					thereon and from day stated above,	
	A. BURIAL CON REMOVAL (S	REMA- 24B. DATE	Du	24C. NAME OF CEMETER	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT RY OR CREMATORY 240. LG	EXAMINER	DATE SIGNED
P/	TE RECEIVE	BY REGISTRARIS	-SI	More and	Mem Park F 25. FUNERAL DIRECTOR L. J. Ruck	ca = 11 -	address Ford Rd
V	S 151	-803, V		· · ·	1 0 0 0	0 0 1700	V





54 7095 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution A. Baltimore City, Maryland Baltimore A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED fl Under 24 Hours WIDOWED, DIVORCED (Specify) birthday) Months: Days Hours: Min. 7-12-1868 1 1 9 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF FUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even fretired) WHAT COUNTR INDUSTRY Clir 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) 218-09-9574 Mrs. Frank Kirkham 130 Rochester 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY tive Heart LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Ventricular Fibrillation DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Intestinal Obstruction 11de UNDERLYING CONDITION LAST. ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION /

22. I hereby certify that I attended the deceased from

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e. g., in or

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office bldg., etc.)

INJURY OCCUR?

JD. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

4

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WHILE AT NOT WHILE WORK

, 19.2 to

23A. SIGNATURE

deceased alive on the late 11. 19 I and that death occurred at I III, from the causes and on the date stated above. 23 ADDRESS 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMAT RY 24D. LOCATION (City, town, or courty)

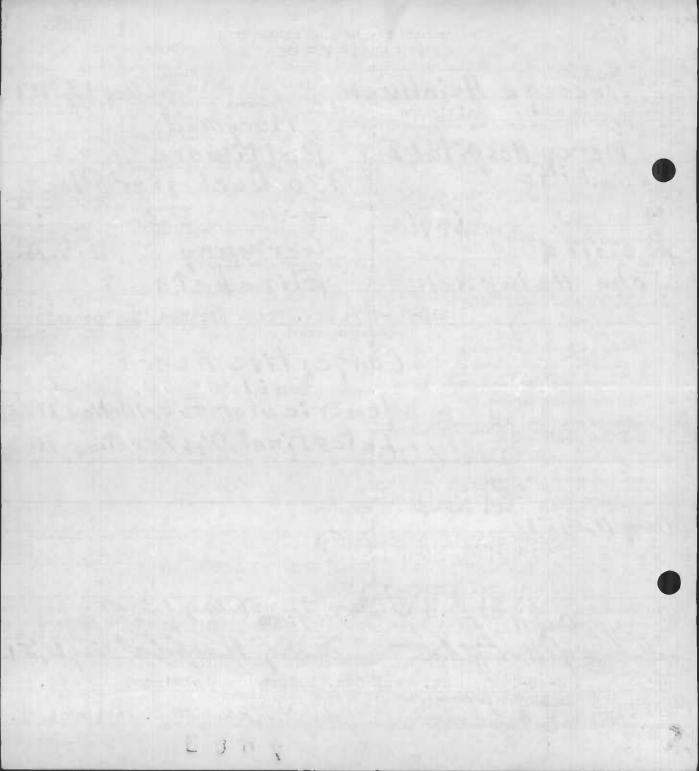
24A. BURIAL, CREMA- 24B. DATE 8-16-1951 Burial ATE RECEIVED BY REGISTRA CASE LREGISTRAR

St. Paul 5th. Reform

Baltimore Md. ADDRESS olar 3000 E. Baltimore St.

VS 150

25. BUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT Registered No .-CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Bernice G. Saffell DEATH 8-13-1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location ! (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 518 E. 35th. St. township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore 518 E. 35th. St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year Il Under 24 Hours last birthday) Months: Days Hours. Min. 8-26-1902 Female White Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Penna. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary E. Summer Wm. J. Guest 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO 36 Albert C. Saffell 518 E. 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, 11

the morth and

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or | 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bnme, farm, factory, street, nffice bldg., etc.)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from the deceased alive on aug 12 _____, 1947. and that death occurred at 2:60? m., from the causes and on the date stated above.

24A. BURIAL, CRENA-TION, REMOVAL (Specify) 2 B. DATE 24c. NAME OF CEMETERY OR CREMATORY

Burial 8-16-1951

Parkwood

, 1957, to weal h

Baltimore

24D. LOCATION (City, town, or county)

Md. ADDRESS

_, 1%, that I last saw the

23c DATE SIGNED aug 14 61

20. AUTOPSY

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR 7an 3000 E.

21c. WHERE DID

INJURY OCCUR?

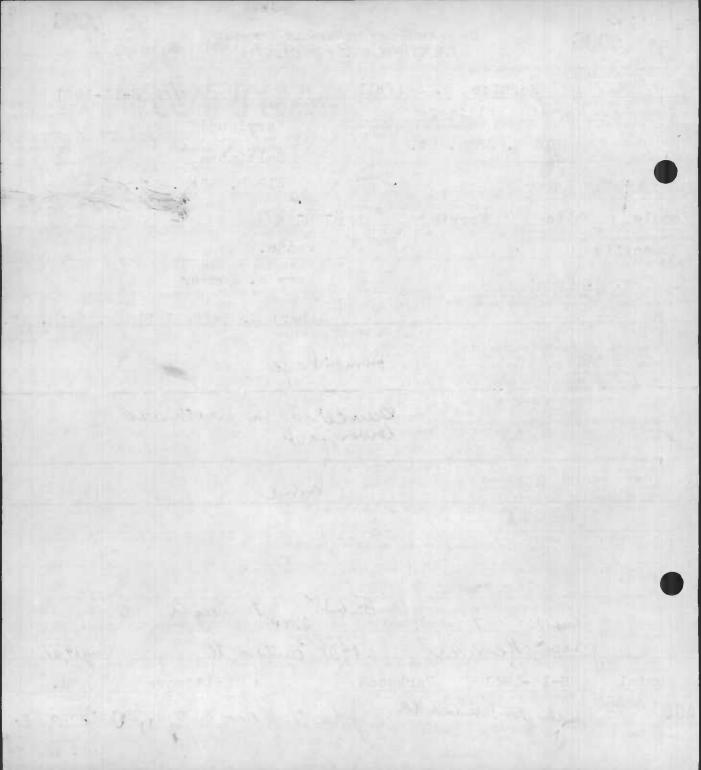
21F. HOW DID INJURY OCCUR?

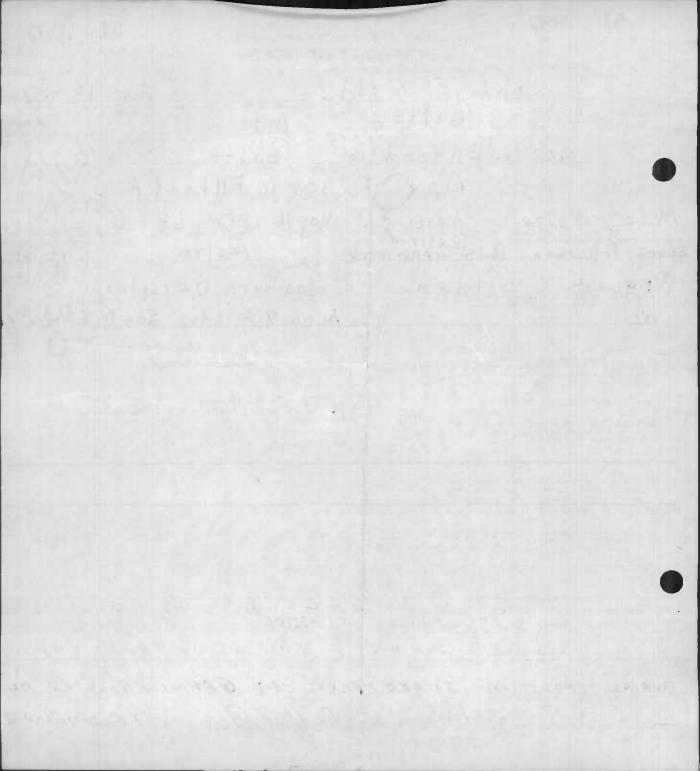
(If in Baltimore City, give exact location)

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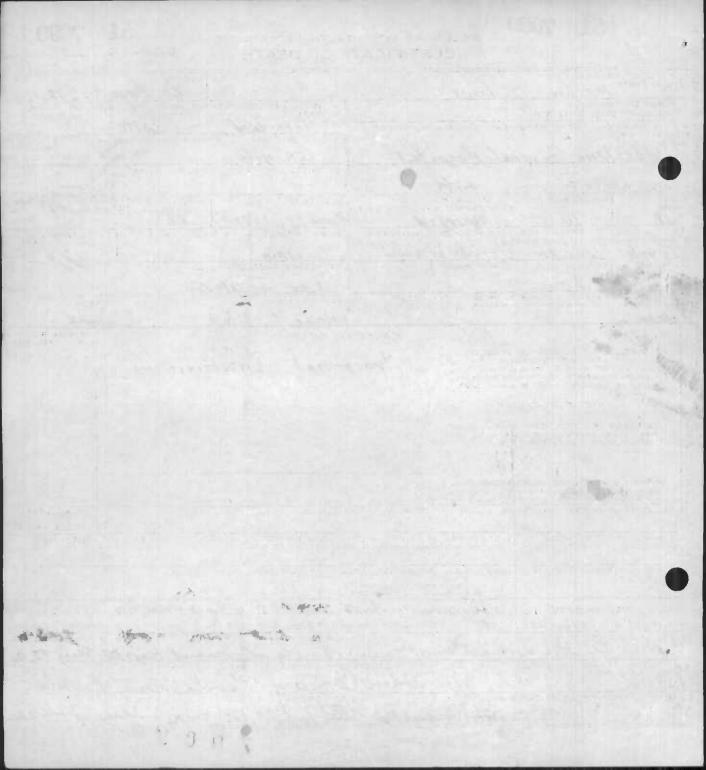


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BALTIMORE CITY HEALTH DEPARTMENT

51 7099
Registered No......

BIRTH NO.	L OI BEATTI				
1. NAME OF DECEASED (Type or Print) Archie B. Lowe.	2. DATE OF Man				
3. PLACE OF DEATH:	DEATH 16745/13, 195/				
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
INSTITUTION C	from township)				
MARYIAND Greneral Hospital Yrs.	D. STREET ADDRESS (If rural, give location)				
Langth of stay in Baltimans / : 40 Mos.	D. STREET ADDRESS (II talan, g.m. totalion)				
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.					
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.				
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
work done during most of working life, even if retired)					
Truck Driver Tung Numer	Vinginia. U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Lum Lowe	Lee louison				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
4 N/6 20 D	Rosie L. Lave Same				
18. Las of CAUSE	OF DEATH INTERVAL BETWEEN				
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Myoe	Arpial Insufficiency				
neart failure, asthenia, etc. it means the disease,	7				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
O DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (B) (B) (B) (C)					
(C)					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED O TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
4	YES NO K				
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?					
₩ Σ					
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE					
22. I hereby certify that I attended the deceased from Art.	2 135'PA 1957 to Aug. 13 4'was 1957 that I last saw the				
22. I hereby certify that I attended the deceased from 1. 12. 13. 14. 19. 17, to hereby certify that I attended the deceased from 19. 13. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19					
	23B. ADDRESS 23C. DATE SIGNED				
Bound . Machana M. D.	Maryland Leverel Harriso Quer. 13 m				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burel 8-15-51 Mr. Olive	emiliary Russala Vistoria - Bullo Co-				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS				
ALIG 41951 tutieston Williams, M.	Cas May nuble + In - Midwick Hunde				
	an pour of are				
VS 150	8:85207001 gas				



BIRTH N 1. NAME (Type or 3. PLACE A. Baltin B. FULL HOSPITA INSTITU

c. Leng 5. SEX Ma. IOA. USU Work done du 13, FATE

15. WAS (Yee, no or t

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CERTIFICATION

MEDICAL 21A. HOM

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51 7100			51 7100	
U	CERTIFICATI		red No	
NO.				
ME OF DECEASED or Print) Frederick	G. Bloul	2. DATE OF DEATH	Aug.13,1951	
ce of death: timore City, Maryland	Raltimore	4. USUAL RESIDENCE (Where deceased line A. STATE B. COUN	ved. If institution: residence	
L NAME OF (If not in hospita TAL OR TUTION	d or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write Rt RAL and give township)		
Home				
ngth of stay in Baltimore	60 yrs Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 607 Walnut Ave.		
6. COLOR DR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (In ye	Ars Winder Year If Under 24 Hours Months: Days Hours Min,	
SUAL OCCUPATION (Give kind of during most of working life, even if retired) UCK DISPETCHET	Enterprise Fuel	11. BIRTHPLACE (State or foreign country) Germany	USA COUNTRY?	
THER'S NAME		14. MOTHER'S MAIDEN NAME		
Frederick Bloul		Louise		
S DECEASED EVER IN U.S. ARMED (If yee, give war or dates	FORCES? of service) 16. SOCIAL SECURITY NO. 212-01-9136	17. INFORMANT Susan Bloul 607 Walnu	ADDRESS	
4201	CAUSE	OF DEATH.	INTERVAL BETWEEN DNSET AND DEATH	
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which co	f dying, e.g., (A)	eme	5 days	
ANTECEDENT CAUS	es ?	7/	1 1com	
DISEASES OR CONDITIONS, IF RISE TO THE ABDVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TD	many mani	18 mo.	
- 11	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NDT RELATED			
A. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
A. ACCIDENT, SUICIDE, DMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., of		City, give exact location)	
p.TIME (Month) (Day) (Year) INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE m. WORK AT WARK	ED 21F, HOW DID INJURY OCCUR?		
I hereby certify that I att	(h.	up 17 , 150 to 8/13	195/, that I last saw the	

Men M. D. 48 deceased alive on

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City town, as county) Cumberland,

m., from the eauses and on the date stated above.

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ADDRESS

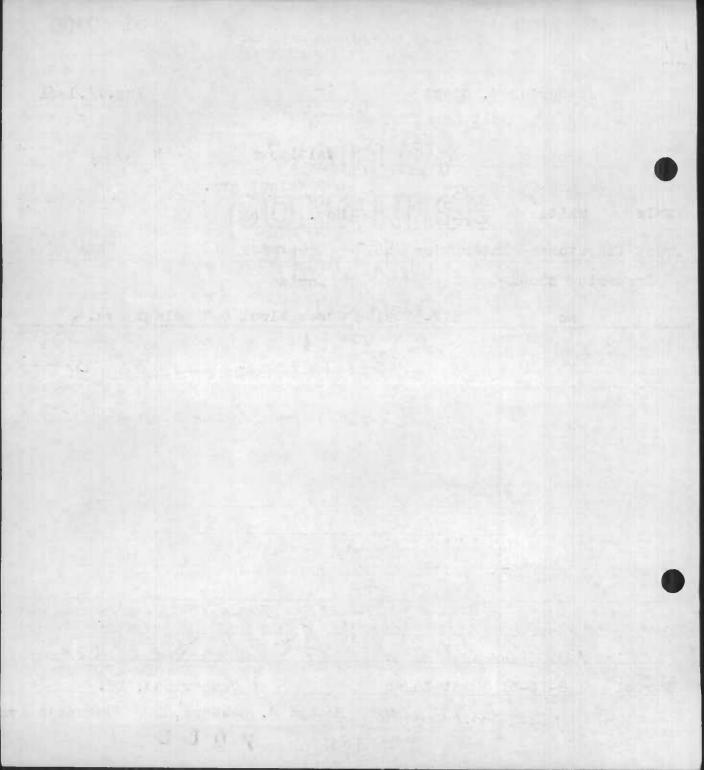
Burial 8-15-51 St Lukes REGISTRAR'S SIGNATURE DATE RECEIVED BY REGISTRAR

25. FUNERAL DIRECTOR

Hubbard, 2503 Edmondson Ave

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ATE SIGNED



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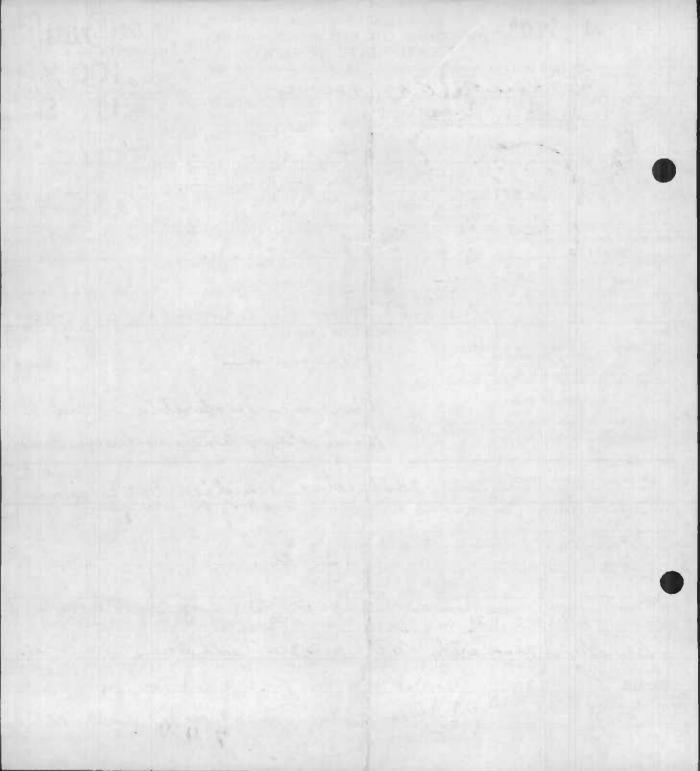
BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM TURNER DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township SOUTH BALTIMORE GENERAL HOSPITAL BALTIMORE Yrs. o. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year AGE (In years) If Under 24 Hours birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MALE COLORED 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CONGESTIVE HEART FAILURE (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the discase. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HYPERTENSIVE CARDIO*VASCULAR DISEASE ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) RENAL DISEASE 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED 10 month MALNUTRITION TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Σ 10. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 7/22/51, 19, to 7/23/51, 19, that I last saw the deceased alive on 7/23/51, 19 and that death occurred at 6 A. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1213 Light Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL ADDRESS DIRECTOR LOCAL REGISTRAR

THE THE PLANT OF The state of the s EAST AND ASSESSED.

BALTIMORE CITY HEALTH DEPARTMENT

51 7103

BIRTH NO. CERTIFICATE OF DEATH Registered No.							
	NAME OF DEC	VIn II	NORTH	1	non	2. DATE OF DEATH	Tues. 14.957
Α.		y, Maryland 21		Dennison St.	4. USUAL RESIDENCE (V		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION						outside corporate	limits, write RURAL and give
6				Yrs.	D. STREET ADDRESS (If	rural, give locatio	76
-		y in Baltimore		Mos. Days	3400 Windsor	Ave.	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed					8. DATE OF BIRTH Nov. 22, 1867	9. AGE (In year last birthday	Months Days Hours Min.
10 wor	A. USUAL OCCU	JPATION (Give kind of orking life, even if retired)	108. KINI	D OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
	Housey	wife		Home	Modest Town, Va		TISA
		Jacob Morths	m		Grace Long	AME	
15 (Ye	. WAS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ĺ	No		,	None	Dr. Edgar H. Nor	tham 3001	
Z	(This does n heart failure, injury or co	OR CONDITION EADING TO DEA- ot mean the mode of asthenia, etc. It mea omplication which of	FH f dying, e. ns the disea aused deat	g., (A)	ronie nep	britis	3 days.
TIFICATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO Henereligis Orderioselusses bludet						
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
CAL	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION Had of	pacococc	20. AUTOPSY?
MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) LYING OF DEATH 21B. PLACE OF INJURY (e.g., In or labout home, form, factory, street, office bldg., etc.) INJURY OCCUR?						
	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from aug. 12, 1951, to aug 14, 1951, that I last saw the deceased alive on aug 13, 1951, and that death occurred at 4:22m., from the eduses and on the date stated above						
	Braa	ley Da	ghas	the mo.	30 33 W. NOW		8.14.57.
TIC		cify)	/		RY OR CREMATORY 240. L		
Burial 8/16/51 Baptist Church Yard Cemt Modest Town, Va. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR ADDRESS							
=	VS 150						
1			-	The state of the s	10501		469

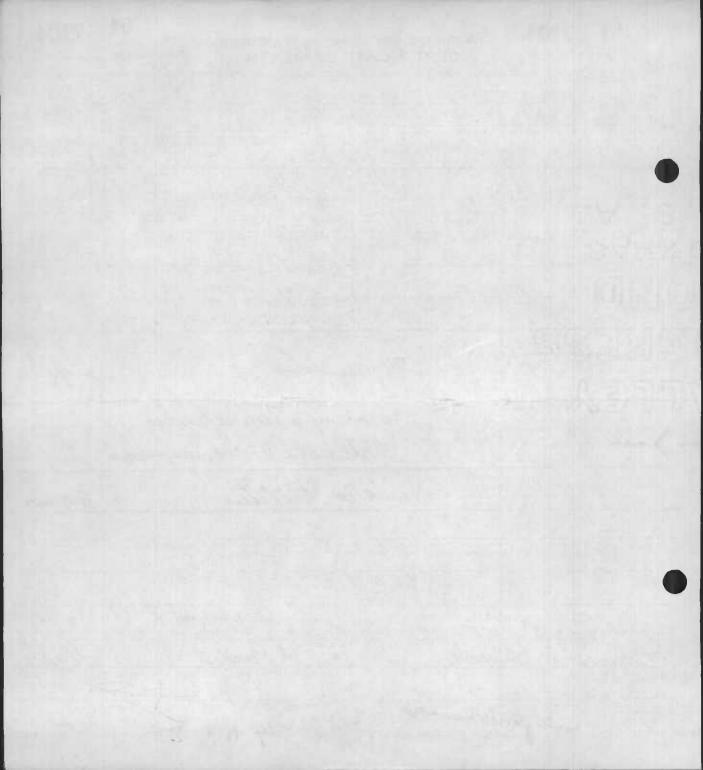


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 71.04

Registered No.__

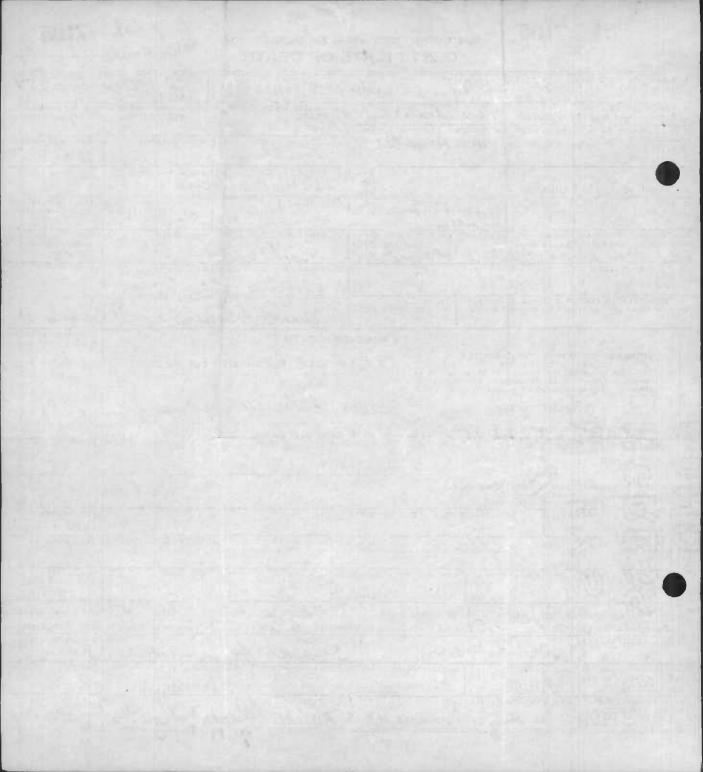
BIRTH NO.	OEKTII IOATI	L OI DEATH		
1. NAME OF DECEASED		2. DATE		
(Type or Print) ANNA RI	TTOTHOUSE LAPRLE	OF DEATH Au	g. 14, 1951	
a. Baltimore City, Maryland 8	303 W. University Pkw	4. USUAL RESIDENCE (Where deceased lived.	If institution : residence before admis ion	
B. FULL NAME OF (If not in hospital HOSPITAL OR	al or institution, give street address or	Md.		
INSTITUTION	location)	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give	
0.0		Raltimore /	O / township	
	Yrs.	D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore	Mos. Days	303 W. University Pkwy		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years)	If Under I Year H Under 24 Hones	
T 147	WIDOWED, DIVORCED (Specify)	June 30, 1878 Rast birthday) 1	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF	
work done during most of working life, even if retired)	INDUSTRY		WHAT COUNTRY	
YouseWife	At Home	Belto. i.d.	USA	
13. PATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Micholas M. Ri		Imma G. Amensetter		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No	None	r. Vm. E. Lamble 803 V. In	iversity Pkyy	
18. // 2. /	CAUSE	OF DEATH	INTERVAL BETWEEN	
DISEASE OR CONDITION		o. DERVI	ONSET AND DEATH	
LEADING TO DEAT	TH Williams	undelis	2 11 0	
(This does not mean the mode of heart failure, asthenia, etc. It means	f dying, e. g., (A)		L JA	
injury or complication which c	aused death.) DUE TO			
ANTECEDENT CAUS	ES	7 1 .		
DISEASES OR CONDITIONS, IF	(B) WZW	rang welly veleures		
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
UNDERLYING CONDITION LA	st.	enoselensus generales	eal ?	
OTHER SIGNIFICANT CONDI	710110	4 4 4 4 7		
TRIBUTING TO THE DEATH, BUT !	NOT RELATED	to Melletus	\$ 110.	
TO THE DISEASE OR CONDITION			o grass	
19a. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?	
[]	218 DIACE OF INITIRY (a.s.	nort 210 WHERE DID. (If in Boltimore City	YES NO	
21A. ACCIDENT WAS UNDER. LYING□ OR CONTRIBUTING□ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□ about home, farm, factory, street, office bldg., etc.) LYING□ OR CONTRIBUTING□ About home, farm, factory, street, office bldg., etc.)				
p. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?		
INJURY	WHILE AT NOT WHILE			
	m. WORK AT WORK			
22. I hereby certify that I att	ended the deceased from	19/4, to august/4, 19.	, that I last saw the	
deceased alive on aug 13	, 1951, and that death occur		the date stated above	
234 SIGNATURE	11 2 2	3B. ADDRESS + O	23C. DATE SIGNED	
Trumces M. Y	M. O.	3406 W Caul II	1714/57	
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME of CEMETE	RY OR CREMATORY 240. LOCATION (City, tow	n, or equinty) 6 (State)	
Puriel Aug. le	1951 Loudon k.	Cem. Baltimore, Md.		
DATE RECEIVED BY REGISTRAR'S	SSIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
11G 1 5 1951 Line 14	The I better him	War. O. T. apressis love law, Be	eto rus.	
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VS 150	A CONTRACTOR OF THE PARTY OF TH		61	



BALTIMORE CITY HEALTH DEPARTMENT

51 31057 stered No. 376567

BIRTH NO.	TIFICATE	E OF DEATH	Registered No.	16061	
1. NAME OF DECEASED NUGENT, (Type or Print)	arth	ir Vincent	OF Que.	12.1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR Franklin Square Hoy INSTITUTION Franklin Square Hoy		4. USUAL RESIDENCE (W) A. STATE Md. C. CITY OR TOWN (15 or Paltimore)	B. COUNTY	before admission)	
c. Length of stay in Baltimore	Yrs. Mos. Days	2510 N. Clu	ural, give location)		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIN WIDOWED, DIVE	TED.	8. DATE OF BIRTH	9. AGE (In years Month		
10A. USUAL OCCUPATION (Give kind of ork KIND OF BUS ork done during most of working life, even if retired) Slove Room Keeper u. F. S. Hot	INDUSTRY	11. BIRTHPLACE (State or for Bultimo		CITIZEN OF WHAT COUNTRY?	
John I Rugeut		Emma He	artigian		
15. WAS DECEASED ENER IN U. S. ARMED FORCES? Yes, no or unknown) (U yes, give war or dates of service) SEC	CIAL CURITY NO.	alice Co. Mug	ent 2510 N. E	harle St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ONSET AND DEATH (A) Cereb ral Culturarhage (A) Solution The state of the state					
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	C)	ATION		20, AUTOPSY7	
19a. DATE OF OPERATION 19b. MAJOR FINDIN 21a. ACCIDENT, SUICIDE, 21b. PLACE OF 1 about home, farm, factory	INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give	YES NO E	
22. I hereby certify that I attended the decease deceased alive on \$1/2, 1951, and tha	t death occur	8-5/ 19 , to	8 - 12, 1951, t e causes and on the c		
TION, REMOVAL (Specify)	M.D. ME OF CEMETER Cathedral		2. A CIA	poress Calval 81	
VS 150	39087				

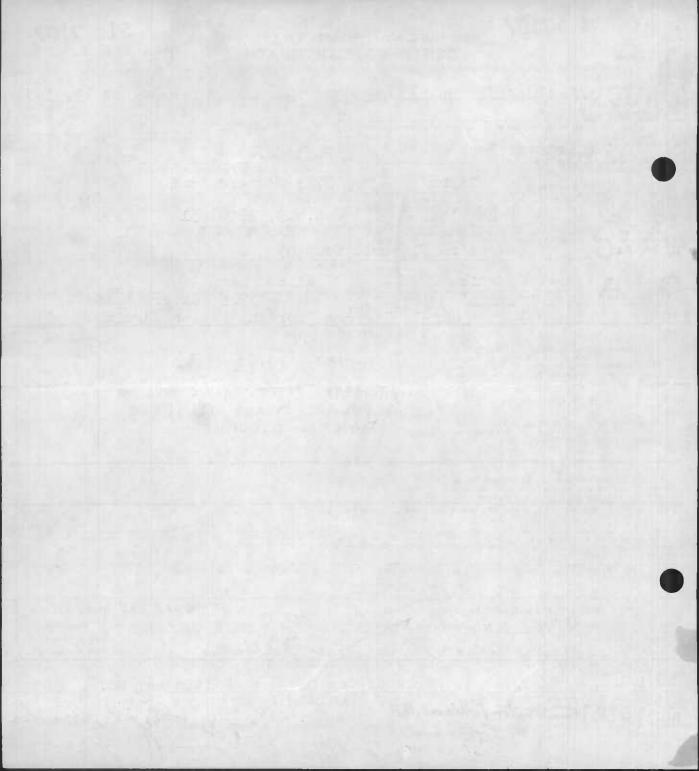


2 . 21 /100 21 7106
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH Cheen 12/57
3. PLACE OF DEATH: A. Baltimore City, Maryland 400 / (Common A. STATE) B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION (If outside corporate limits, write RURAL and give township)
Yrs. D. STREET ADDRESS (If rural, give location) Mos.
c. Length of stay in Baltimore Days Days
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF, BUSINESS OR INDUSTRY 1 11 BIRTHPLACE (State or foreign country) WHAT COUNTRY 1
13. FATHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (Hyes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS ADDRE
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) (B) (C) (C)
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
INJURY MHILE AT NOT WHILE AT WORK AT WORK
22. I hereby certify that I attended the deceased from 30, 138, to 0, 1951, that I last saw the
deceased alive on Que. 11, 1951, and that death occurred at 8:15 am, from the causes and on the date stated above.
23A. SIGNATURE 23B. ADDRESS 23C DATE SIGNED
Januar Hagan M.O. 4218 Daylal Rd. 8/15/51
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURES. LOCAL REGISTRAR'S SIGNATURES. ALIG 15 951 ADDRESS LOCAL REGISTRAR'S SIGNATURES. ALIG 15 951 ADDRESS LOCAL REGISTRAR'S SIGNATURES. ALIG 15 951 ADDRESS LOCAL REGISTRAR'S SIGNATURES.
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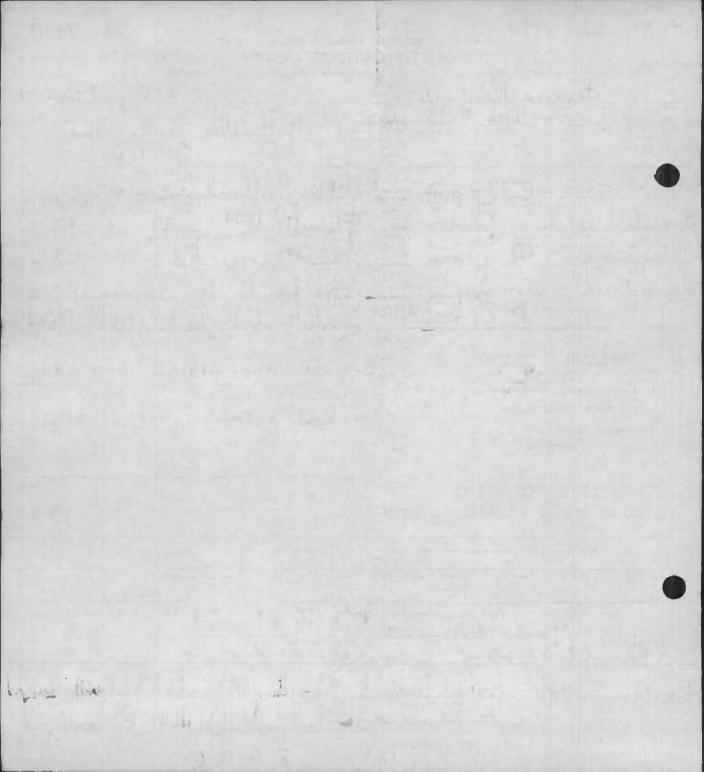
635 51 7107

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.				
1. NAME OF DECEASED	2. DATE				
(Type or Print) FRANKLIN DUNCAN MAF	OF .				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address of	Maryland				
INSTITUTION 3725 Rexmere Road	(If outside corporate limits, write RURAL and give				
)/2) nexillere noad	Baltimore 9-03 township				
c. Length of stay in Baltimore 25yrs Mos.	D. STREET ADDRESS (If rural, give location) 3725 Rexmere Road				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under Year If Under 24 House				
M W Married (Specify	Jan. 13, 1900 51 Months Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
Engineer Western Electric	Company USA USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Franklin Haines Martin	Alice Mason				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service)	17. INFORMANT 3725 Rexmere Rouness				
yes WW1 215-03-985	ers. Dorothy Mauler Martin				
	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	NARY THROMBOSIS				
heart tailing authoria etc. It means the disease	The state of the s				
injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
Z (B) VALVU	LAR MEART DISEASE				
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO AORTIC STENOSIS.					
UNDERLYING CONDITION LAST.					
(6)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER					
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (c. g.,	in or 21c. WHERE DID (If in Baltimore City, give exact location)				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?				
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
m. WHILE AT NOT WHILE AT WORK AT WORK					
	rred at 5 2 m., from the causes and on the date stated above.				
deceased alive on 13 Aug 1951, and that death occur	rred at 5 2 m., from the causes and on the date stated above				
23A. SIGNATURE	23B. ADDRESS 21 1 23C DATE SIGNED				
W) weeder walker M.D.	SIV Kastullia St 14 Aug 1957				
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
burial 8/15/51 Parkwood	Cemetery Baltimore, Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 1.25 FUNERAL DIRECTOR ADDRESS					
ALICE 5795 Turkey White M. M.	HENRY SANDER & SONS, INC.				
AUGTOTOOT	Date of 1 / Stander				
VS 150	42 000				
583	583317				



the said without yourself and land To the second of Charles No. 1 Carlot Ca

the case of the later of the said



RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) UNDERLYING [] OR CONTRIB

UTING [CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT AT WORK WORK

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

REGISTRAD'S SIGNATUR DATE RECEIVED BY

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL

238. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county)

Autopsy, Inspection or Inquiry

23C. DATE SIGNED

V S 151

CERTIFICATION

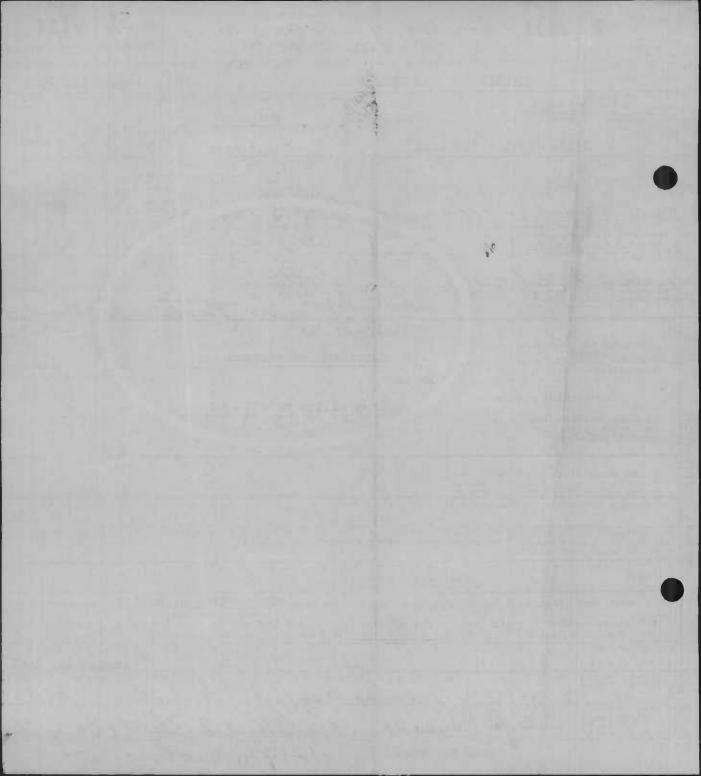
21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

YES

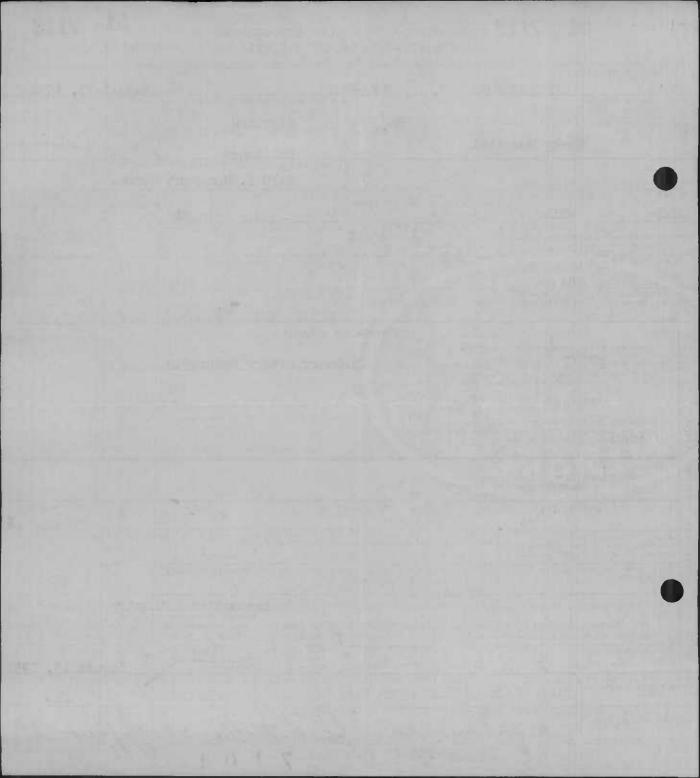
20 AUTOPSY?

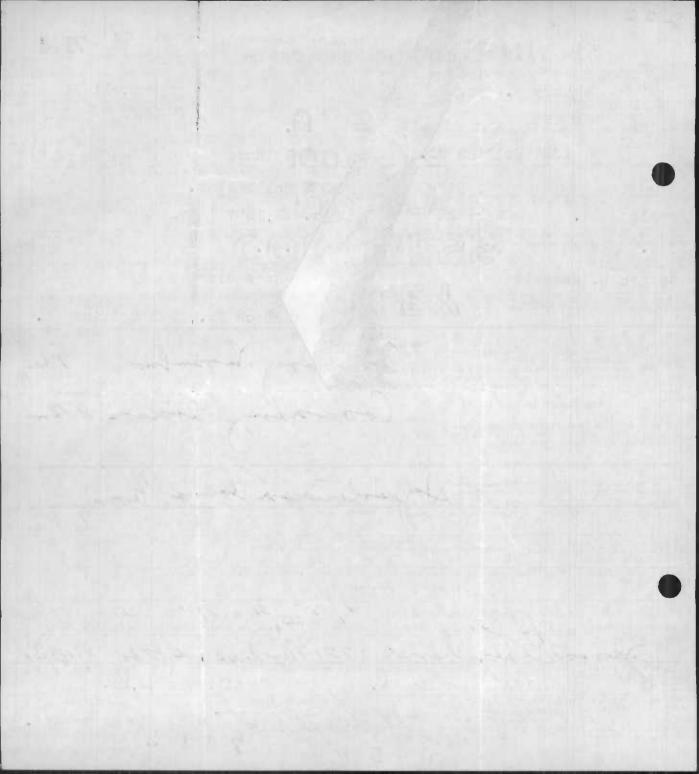


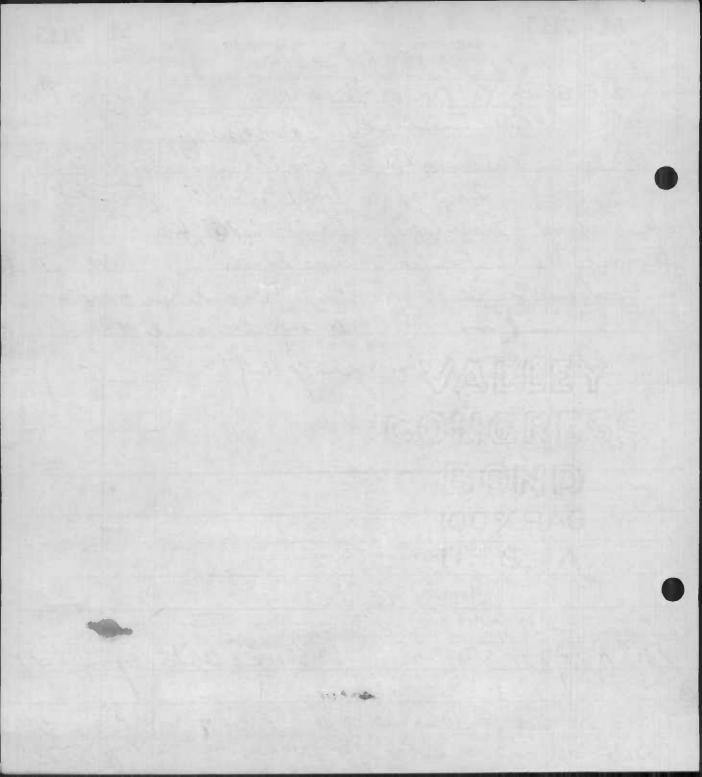
25	-0,	51 711	2				51	7112			
	-I33276		באכ		EALTH DEPARTME	ENT Register					
1 N	H NO.	ECEASED				2. DATE					
(Type	e or Print)	Robert Hinson	(Rober	t Henson)		OF DEATH	8-BI-5	I			
A. Ba	ACE OF Daltimore (EATH: City, Maryland			4. USUAL RESIDENCE A. STATE B.C.H.	B. COUNT		tion : residence before admission)			
HOSE	PITAL OR	altimore Cit	y Hospi	n, give street address or location)	c. CITY OR TOWN	(If outside corporate	limits, write				
9		lolio Enstarn	Azza		Baltimore	2	6-1] township)			
c. Length of stay in Baltimore Life Mos. Days					B.C.H. 4940 Eastern Ave.						
5. SE	X	6. COLOR OR RACE	7. SINGLE.	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year	rs # Under 1 Y	fear If Under 24 Hours Days Hours Min.			
Mal		Negro	Widowe		Mar. 4. 1865	84					
10A. ork do	USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	Md -	e or foreign eountry)		ITIZEN OF 'HAT COUNTRY?			
13. F	ATHER'S N	(D)			14. MOTHER'S MAIDE	N NAME					
15. W	VAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		ADDRES	20			
Yes, no	o or unknown)	(If yes, give war or dates	of service)	SECURITY NO.	Record: B.C.H.	4940 Eastern		,5			
- Indiana	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-										
ت ا	TO THE DI	TO THE DEATH, BUT	CAUSING IT		4-100						
1 .	II-8-50	(2)		FINDINGS OF OPER	s mass, anterio		VES NO				
L		ENT WAS UNDER-	21B. PLAC	CE OF INJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore C					
2	ID. TIME	Month) (Day) (Year)	w	TE. INJURY OCCURR HILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID IN	21F. HOW DID INJURY OCCUR?					
2	2. I hereb	y eertify that I att	ended the o	leeeased from_II_	7- , 1949, to	o_8_II	19 51, that	t I last saw the			
d	eeeased al	ive on 8-II-	., 19.5 I a	nd that death oeeur	red at II:50 Pm., fr	om the causes and					
2	3A. SIGNAT	URE	1/20	2	4940 Eastern A	V.a		. DATE SIGNED			
	BURIAL. C		2	M. D. 4C. NAME OF CEMETE		4D LOCATION (City,					
A.	3 MM	I aus	6-57	Zmx seel	run	west ho	nt	mel			
DATE		BY REGISTRAR	SSIGNATUE	RE	25. FUNERAL DIRECT	TOR P	ADDE	RESS			
	AUG 1	5 1951 / Line	eter IVA	Manny Max	george 1	·a. Yel	2004				
	VS 150	1 Section	· purishing	District of the second		17354	me	4/48/16			
		- OK			6 0 0 3/	1 13 alti	ーカ	rd -			

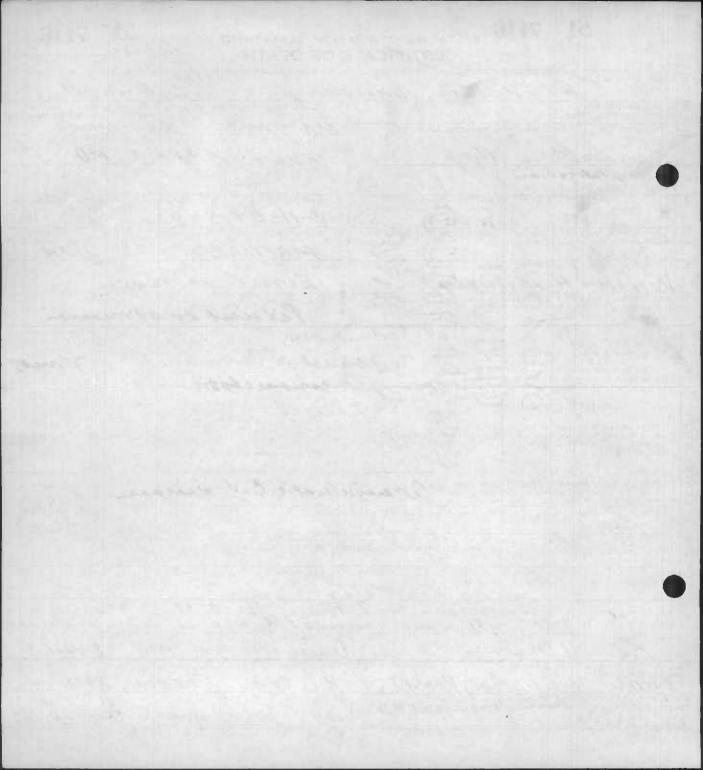
resultation of the second party . and amplitude of the state of the state of

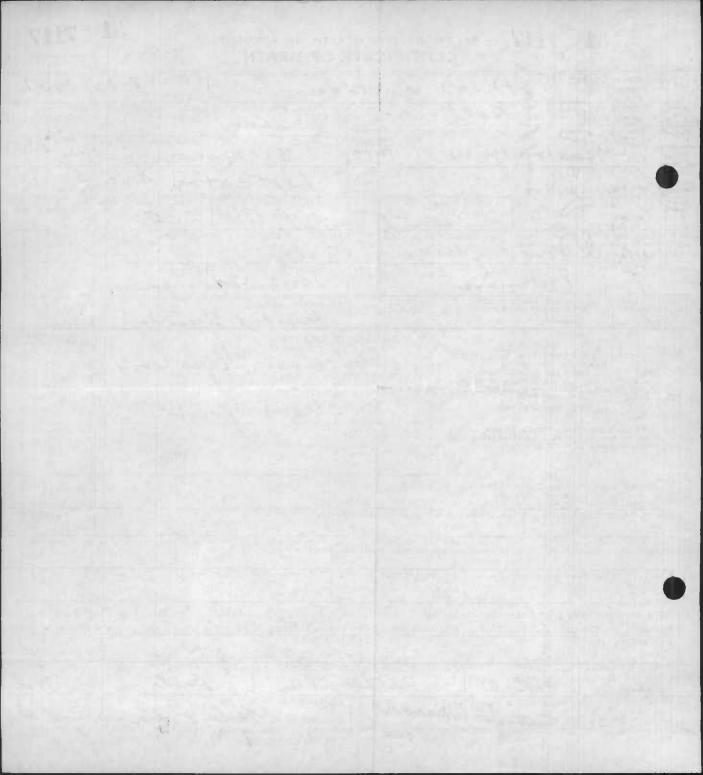
4	31	51 711	З ва	LTIMORE CITY H	EALTH DEPARTME	ENT	51	7113
BIR	TH NO.			CERTIFICAT	E OF DEATH	Registere	d No.	
1. N	AME OF De or Print)	ECEASED CHRTST)PHRR	J. GOLDB	RCK	2. DATE OF DEATH AUS	mst. 1	3_ 1951
	LACE OF D					CE (Where deceased lived B. COUNTY	. If institu	tion; residence before admission)
HOS	JLL NAME	OF ('f not in hospit	al or institut	ion, give street address or location)		(If outside corporate l	imite writ	o DIIDAL and sino
INS	TITUTION	Mercy Hos	pital		Baltimo	/_	0 2	(ownship)
7	7			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	·	
5. S		tay in Baltimore	7. SINGLI	Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (In years	-	Year It Under 24 Hours
Ма	le	White	Widow	VED, DIVORCED (Specify)	Mar.9-1881	last birthday)	Months: I	Days Hours Min.
work de	ne during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreign country)		ITIZEN OF VHAT COUNTRY 1
	te Pri	inter	Pı	rinting	Balto. Md.			
	hn Gol				14. MOTHER'S MAID			
15. 1	WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	Daphorr	ADDRES	ss
(2 co, a	o or unknown)	(1. Jos, Bivo was of Galos	or service)	SECURITY NO.	Bertha Ruff:	ing 1308 Sil		
RTIFICATION	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	ire, asthenia, etc. It mea complication which complication which complication which complications, it has a complication of the above cause (A) ying condition to the death. But its assets or condition	aused death SES FANY, GIVIN STATING TH ST. TIONS CON	(B)				
S -1				FINDINGS OF OPER	ATION		2	20. AUTOPSY?
ž l u	NDERLYING	IAL CAUSE WAS G OR CONTRIB-		ACE OF INJURY (e. g., it		(If in Baltimore Cit		act location)
Σ 2	1D. TIME (Month) (Day) (Year)	, ,	21E. INJURY OCCURR. WHILE AT WORK AT WORK		JURY OCCUR?		
	the evi	dence obtained by ath in my opinion	said Auto	psu. Inspection or 1	nquiry, find that sa x, accident □, sui	id deceased died on cide, homicide	the day, undete	stated above.
200	BURIAL	REMA-V24B, DATE	Qu	24c, NAME OF CEMETE		IGATOR Til	Augus	t 13, 1951
3191	PEMOVAL (S	Aug.16		Oak Lawn Ce		Balto.	wii, or coul	Md.
	GRECIST C		SIGNATU WAL	RE AND	25 FUNERAL DIRECT		Elke	
VS	151	MANY O	The States	A First O	8-557M	0 1 94	//	1







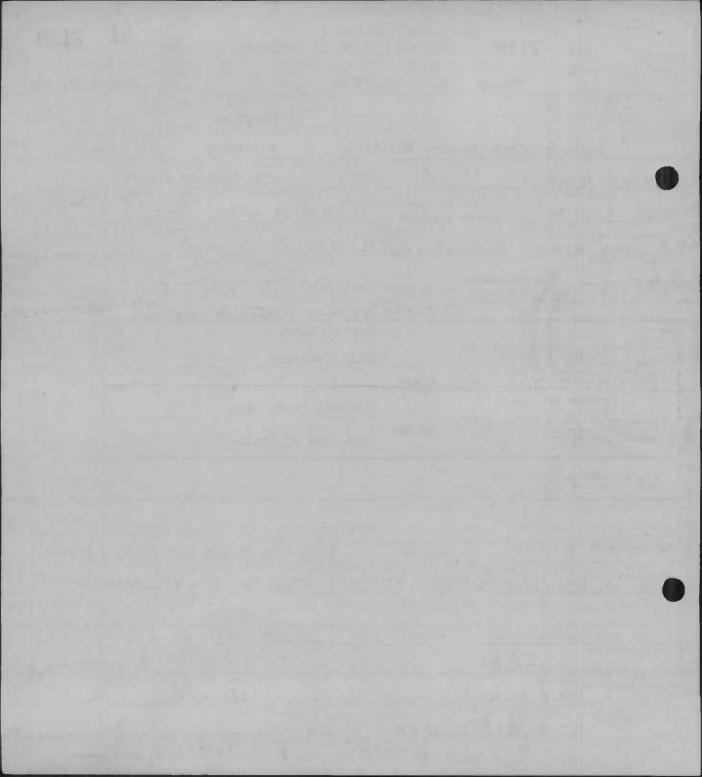




51 7118	CERTIFICATE CORRE	CIED B-29-51	54 200				
MK-95533 1/ 1 1	BALTIMORE CITY HE	ALTH DEPARTMENT	51 7118				
BIRTH NO.	CERTIFICATI	F PT DEATH	Registered No				
1. NAME OF DECEASED	GERTIFICATE CURRE	2:40					
	Apostoles Apostole	s Karastanatis Di	OF 8-I2-5I				
a. Baltimore City, Maryland		A. STATE	eceased lived, If institution: residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospit	tal or institution, give street address or location)	Md. C. CITY OR TOWN (If outside	e corporate limits, write RURAL and give				
HOSPITAL OR Baltimore Cit	Ava		2 (2 - 1 2 township)				
TO THE TENT	Yrs.	D. STREET ADDRESS (If rural, g	give location)				
c. Length of stay in Baltimore	29 years Mos. Days	B.C.H. 1940 Easte	rn Ave				
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AC	GE (In years ff Under Year ff Under 24 Hours st birthday) Months: Days Hours Min.				
Male White	Single	July 30.1897	46 54				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or foreign of	ountry) 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	Thikown	14. MOTHER'S MAIDEN NAME					
George	*	14. MOTTER S MAIDEN NAME					
15. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS				
(Yes, no or unknown) (If yes, give war or date	security No.	Records:B.C.H. 4940					
18. 4/L	CAUSE	OF DEATH	THERVAL BETWEEN				
DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	tic Heart Diesease					
(This does not mean the mode heart failure, asthenia, etc. It mer	or dying, e.g., (A)	off rest a resesse	Over 10 Yrs				
	injury or complication which caused death.) DUE TO						
ANTECEDENT CAU	ses Thromb	3.					
DISEASES OR CONDITIONS, I							
UNDERLYING CONDITION							
DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA UNDERLYING CONDITION LA UNDERLYING TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION							
OTHER SIGNIFICANT COND							
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION							
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING	218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in B	altimore City, give exact location)				
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	(c.) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCC	UR?				
N. Sari	m. WHILE AT NOT WHILE	3					
22. I hereby certify that I at deccased alive on 8-12-51	tended the deceased from	9- , 19 45 ₀ 8-I2-	5I , 19, that I last saw the				
		red at 9:20 Pn., from the car	ises and on the date stated above.				
23A. SIGNATURE		38. ADDRESS 1940 Eastern Ave.	8-I4-5I				
24A. BURIAL CREMA- 24B. DATE	24C. NAME OF CEMETE		ON (City, towp, or county) (State)				
Burnal 8-16-	51 Freek le	meter blande	or Mull Rd -				
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR	ADDRESS				
AUG 1 5 1951 "twith	A PALL A MANAGEMENT AND	daniers Que	440 E. North AL				
VS 150	A CONTRACTOR OF THE PARTY OF TH	100000	16 0-0				
		1/29/01	75/2				

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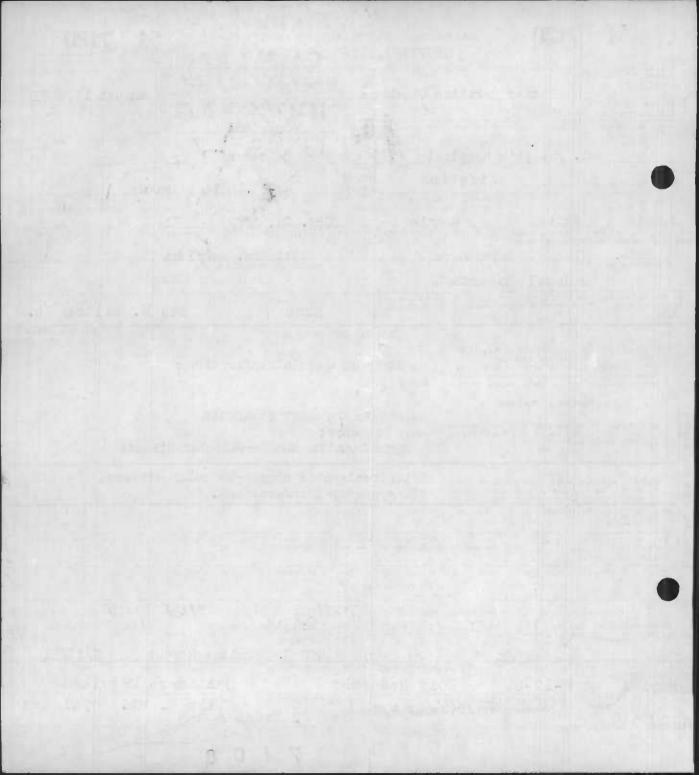
BALTIMORE CITY HEALTH DEPARTMENT 7119 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE **EDWARD** ROBINSON August 13, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF of not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital Baltimore D. STREET ADDRESS (if rural, give location) 2542 McHenry Street gth of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Snder | Year | M Under 24 Hours Iast birthday) Months: Days Hours Min. Male White reparated 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY yard 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 4 ADDRESS 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 215-07-3184 NTERVAL BETWEEN CAUSE OF DEATH 17.4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Subdural hemorrhage (B) DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATION RISE TO THE ABOVE CAUSE (A) STATING THE XXXXXXXX UNDERLYING CONDITION LAST. Contusion of brain (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT ш 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBabout bome, farm, factory, street, office bldg., etc.) UTING | CAUSE OF DEATH Charles Street near Hamburg Street Street 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE Walked into side of automobile Aug. 1 12:30 Pm. Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident X, suicide [], homicide [], undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR August 14. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Durial DATE RECEIVED BY FUNERAL DIRECTOR QCAL REGISTRAR VS 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7120

BIRTH NO.	ICATE	OF DEATI	H Registered No.					
1. NAME OF DECEASED			2. DATE					
(Type or Print) Agnes Caroline Clari		OF	17 1051					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDE	NCE (Where deceased lived, If inst B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	address or location)	c. CITY OR TOWN		rite RURAL and give				
St. Joseph's Hospital		Balti	1 1 5	township)				
Tifetime	Yrs. Mos.	D. STREET ADDRE	SS (If rural, give location)					
c. Legth of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Days	8. DATE OF BIRTH		1 Year II Under 24 Hours				
Female White Married	ED (Specify)		last birthday) Months	Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINES	SS OR NDUSTRY			CITIZEN OF				
Hwfe. Own Home	ADOSTRI	Baltimor	e. Maryland	WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MA						
Emmauel Roberts		FI	ancis Hass					
15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURI	Ho ^{no} .	17. INFORMANT Husband	449 N. Mil	ton St.				
	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH				
(This does not mean the mode of dying, e.g., (A) A	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Acute myocardial infarction;							
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
ANTECEDENT CAUSES	ANTECEDENT CAUSES (B) Severe goronary sclerosis;							
O DISEASES OR CONDITIONS, IF ANY, GIVING			erosts;					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Diabet		-vascular disease					
City	per den	DIVE CHI.CIO	vancuum arbodoc					
TRIBUTING TO THE DEATH, BUT NOT RELATED		erotic cardi	o-vascular disease;					
TO THE DISEASE OR CONDITION CAUSING IT.			20110	20. AUTOPSY?				
BURIAL				YES NO				
BURIAL 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street CAUSE OF DEATH	RY (e. g., in t,officebldg.,et	or 21c, WHERE D c.) INJURY OCCUI		exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY		D 21F. HOW DID	INJURY OCCUR?					
m. WHILE AT WORK	NOT WHILE							
22. I hereby certify that I attended the deceased from	om 7/	27/, 1951	, to 8/13/ , 19 5,41	at I last saw the				
deceased alive on 8/13/ . 1951 . and that dea		red ato: 45AMm.,	from the causes and on the d	ate stated above.				
29A. SIGNATURE	M. D. 23	BB. ADDRESS	roline Street 8	17/51				
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	CEMETER	Y OR CREMATORY	24D. LOCATION (City, town, or c	ounty) (State)				
Burial 8-17-51 Holy Re			Baatimore Maryl					
LOCAL REGISTRAR	Ch Ch	25. FUNERAL DIRE	118 W. Mt. R	byas Ave				
AUG 1 5 1951	ogo Na	T . 11401	2~ 6. DOII					



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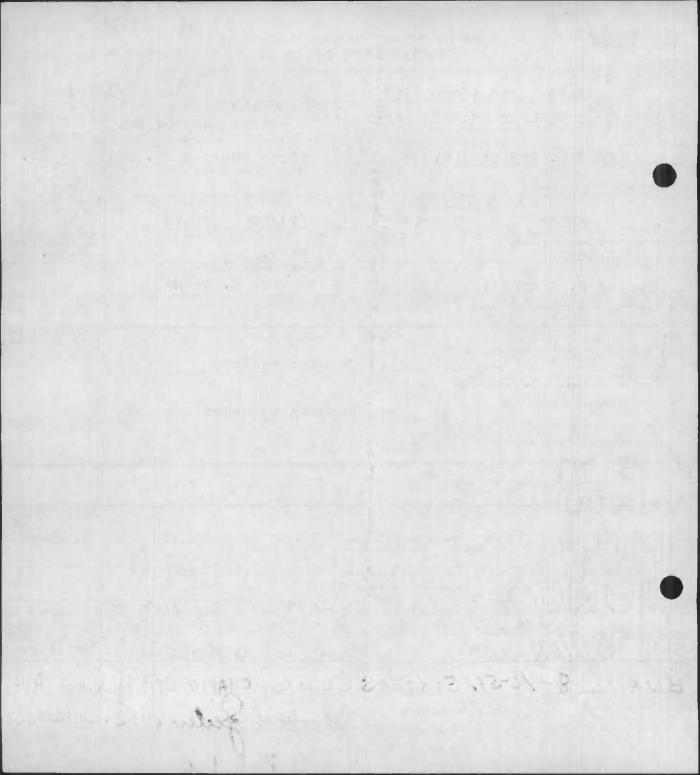
1300

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CHARLES J. STOCKER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; resid no A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and g INSTITUTION township Baltimore City 206 South Furrow Street D. STREET ADDRESS (If rural, give location) Mos. Kife 206 South Furrow Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (in years | If Under 1 Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) Apr.21-1895 White Male Widowed 10A USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Salesman Baltimore Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henrietta Zirkenbach Carl Stocker 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO 216-10-3390 Lula Augsburger. . 206 S. Furrow St. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTUPSY EDICA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., eto.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased fromdeceased alive on fleeff, 1931, and that death occurred 415: 30 Am, from the cales and on the date stated above 23A, SIGNATURE 23B. ADDRESS 23c. DATE SIGNED North Hilton Street Aug. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county) AUG. 15-1051 L Loudon Park Cemetery Baltimore Maryland BURTAL 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS Sa way Hallow AUU VS 150 åc SON

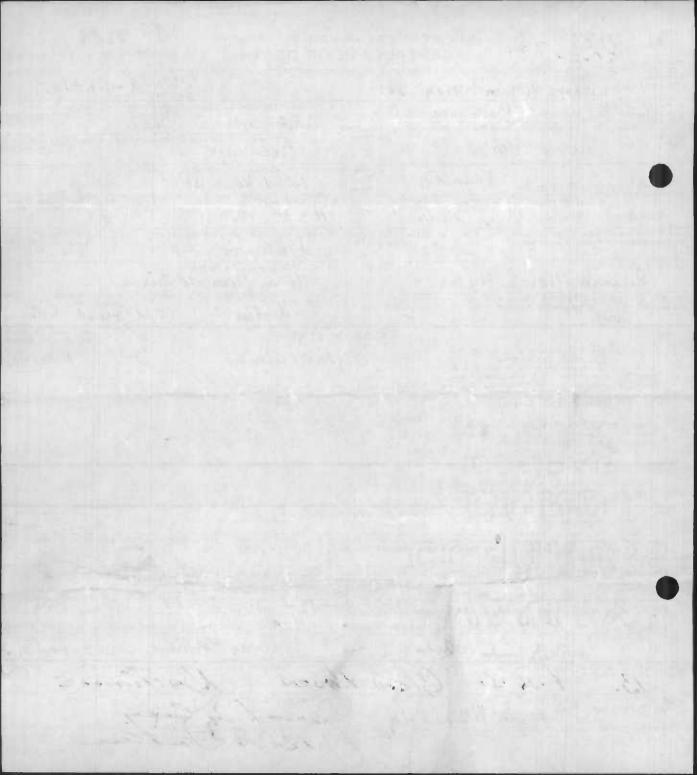
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ERTIFICATION

MEDICAL



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BI	RTH NO.	50-0	24/- 3	20		ERIIF	ICAT	E OF	DEAT	Н		ecg.sc	oreu ivi		17-14-1
	NAME OF ype or Prin	DECEAS			445	on , Jr						ATE OF ATH	8-1	4-1	957
Α.		e City, I	Maryland			e, ded		A. STA	Lach w	DENCE (W	Vhere de		ved. If i		residence re admission)
H	FULL NAM DSPITAL C STITUTION	R	every H	0.		, give street	location)		Y OR TOW		outside	corpora	te limits,	write RU	RAL and give township
-	Ogth o	f ctay in	Baltimore	81	unit	AA	Mos.	D. STF	SEET ADDR				ion)	3.00	
-	SEX	6. CO	LOR OR RAC	E 7. SIN	DOWEL	MARRIED. D. DIVORCE	Days ED (Specify)		E OF BIRT	ГН	9. AG	E (In ye		ths: Days	H Under 24 Hours Hours: Min.
10 work	A. USUAL done during m	OCCUPAT cost of work in	TION (Give kind g life, even if retir	dof 10B. K	(IND O		SS OR NDUS T RY		Delh	(State or fo		untry)		I2. CITIZ WHAT	EN OF COUNTRY
13	. FATHER		Hilia	m Hi	1501	7			Clara			Dix	ow		
15 (Yes	. WAS DECE	ASED EVE	R IN U, S. ARM	MED FORCE	57 1	6. SOCIAL SECURI		17. IN	FORMANT	Ry		152	1 Rac	DRESS	Delliner
ERTIFICATION	(This of heart fa injury	LEAD loes not m ailure, asth or compli ANTEC	CONDITIONS CONDITIONS CONDITIONS CONDITIONS	EATH e of dying, neans the di caused d USES G, IF ANY, C A) STATIN	e.g., iscase, leath.)	(A) DUE TO (B) DUE TO (C)			Cl pho	rlus					AND DEATH
CERTIF	TRIBUT	ING TO TH	II ICANT CON HE DEATH, BU OR CONDITI	JT NOT RE	LATED		***************************************								
	19A. DAT	E OF OPE	RATION	19B. MA.	JOR F	INDINGS	OF OPER	RATION						20. 7 YES	NO NO
TEDICAL	LYING		VAS UNDER TRIBUTING	1		E OF INJUI			. WHERE JURY OCC		If in Ba	ltimore	City, gi	ve exact	ocation)
Σ	21D. TIMI) (Day) (Ye		WHI	LE AT	OCCURR NOT WHILE	ED 21	F. HOW DI	D INJURY	Y OCCL	IR?		18	
	22. I her		ify that I	attended	the de	eeased fr	om 8	rred at	2 - , 19J	trom to	he equ	ses and	1957,	that I l	ast saw th
	23A. SIGI		Eugen	ch.	Da	um au	м. р.	23B. ADI	RESS	rey H	Coffe	tal			TE SIGNED
24 TIC	N. REMOYA	(Specify)	241 DATE	.5,	24	G/E		RYORC	REMATORY	Y 240. L	3		0	or county)	(State)
D/ LC	ATE RECEI	VED BY	REGISTRA	1 11	ATURE			25. FU	NERAL DI	RECTOR	- E	-	7	ADDRES	5
11	VS 150)	ě	ĵ:			1	//	130	8.1	Ho	1	de	/-	57a



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1	6	2	C

BIRTH NO. K. 620		CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) GEOF	RGE ADAN	M KIRSCH		2. DATE OF August	t 13, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland 623 b. FULL, NAME OF (If not in hospite			4. USUAL RESIDENCE (V		stitution : residence before admission)
HOSPITAL OR INSTITUTION	ar or instituti	on, give street address or location)		f outside corporate limits, v	write RURAL and giv- town hip-
		Yrs.	D. STREET ADDRESS (If		
c. Length of stay in Baltimore	life	Mos. Days	621 S.	Grundy Street	26-09
5. SEX 6. COLOR OR RACE white	WIDOW	. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Un last birthday) Month	der i Year il Undar 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY
retired 13. FATHER'S NAME	unknov	<u>MN</u>	Fullerton, 1	Maryland.	U.S.
Daniel F	(irsch		THE MOTIFICATION OF THE PARTY O	Amelia Lohmann	2
15. WAS DECEASED EVER IN U. S. ARMEE Yes, no or unknown) (If yes, give war or dated	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Augustus Kirsch,		DRESS Mura St.
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mealinjury or complication which complication will be complicated by the complication of the complication which complication will be complicated by the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the complication of the complication will be complicated by the com	ITH If dying, e. g ns the disease aused death. SES FANY, GIVING STATING TH	(A) C.O.(of DEATH Mary Declosin		4-6 hour
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OF CONDITION	NOT RELATE	D			
19a. DATE OF OPERATION 1	9в. MAJOR	FINDINGS OF OPER			YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		CE OF INJURY (e. g., i arm,factory,street,officebldg.,		If in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year)		VHILE AT WORK NOT WHILE AT WORK		Y OCCUR?	
22. I hereby certify that I att deceased alive on	ended the	deceased from 1 -	1950, to 13 rred at 5 A m., from t		that I last saw the
23A. SIGNATURE	home	M. D.	1113 N. MIL	u lly	23c. DATE SIGNED
24A. BURIAL./CREMA- TION, REMOVAL (Specify) Burial Aug 16,			f Jesus Cem. Germ		

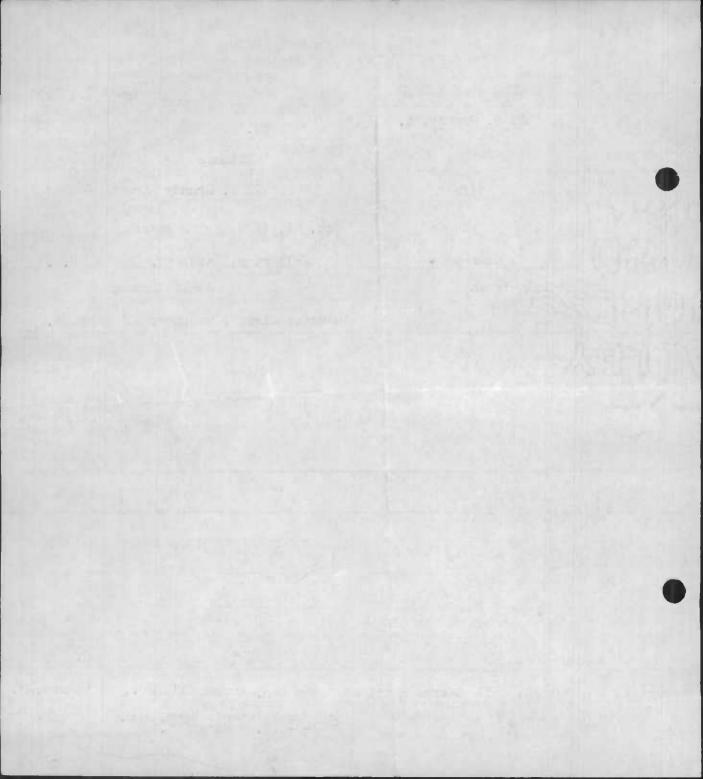
DATE RECEIVED BY LOCAL REGISTRAR

5 1951

REGISTRAR'S SIGNATURE

ADDRESS

25. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.

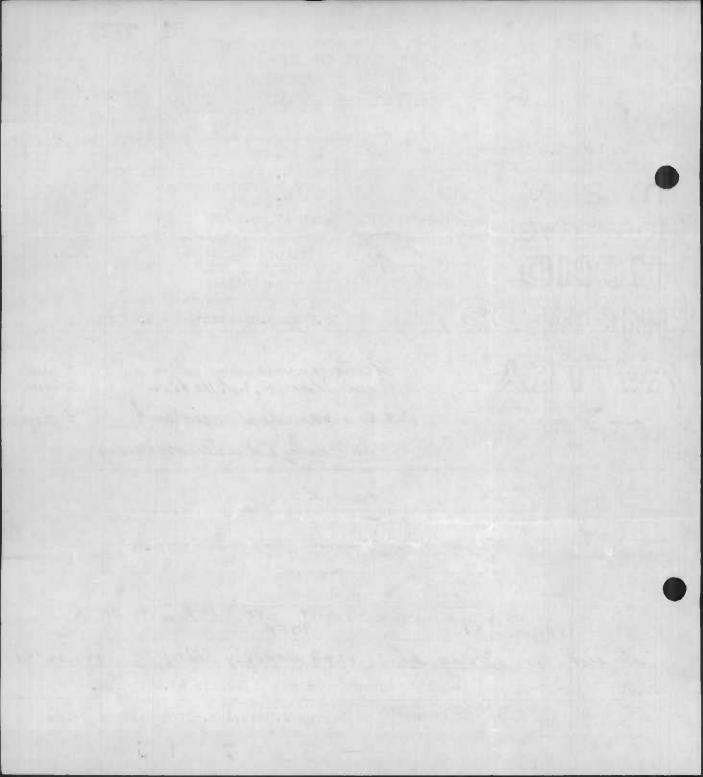


BALTIMORE CITY HEALTH DEPARTMENT

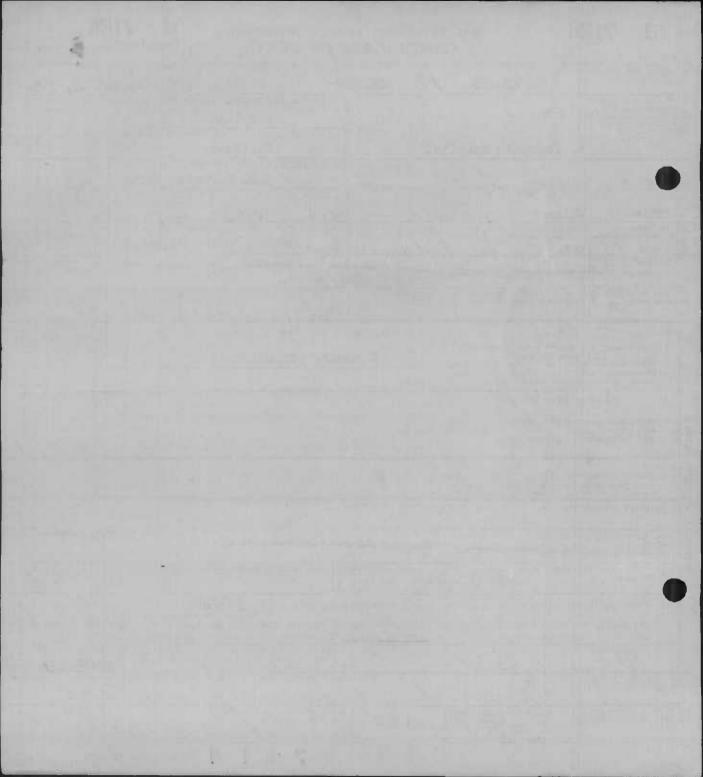
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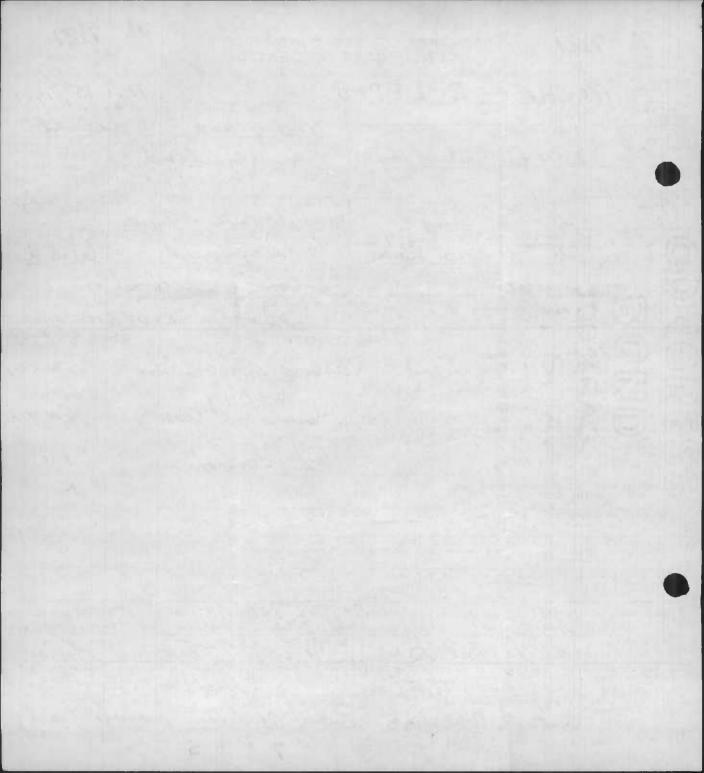
BIRTH NO. 1 1 3	CERTIFICAT	E OF DEATH	Registered 1	NO
1. NAME OF DECEASED (Type or Print)			2. DATE	The Property and all the San
Chri	stina Mary Rebbert		DEATH AUE	.13,1951
a. Baltimore City, Maryland	i	4. USUAL RESIDENCE (W	here deceased lived. If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital of HOSPITAL OR INSTITUTION ICO3 E.belved	or institution, give street address or location) ere avenue		outside eorporate limit	s, write RURAL and give township
	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore	Life Mos. Days	I003_Belvedere	Avenue	27-48
Female White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH Larch 17, th.1877		Under I Year If Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	OB. KIND OF BUSINESS OR INDUSTRY	Baltimore, Maryla		12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Louis Rosenberger		14. MOTHER'S MAIDEN NA Catherine Thillman		
15. WAS DECEASED EVER IN U. S. ARMED F. (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO. NOILE	17. INFORMANT Mr.Adam G.Rebber		DDRESS Vedere
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not mean the mode of cheart failure, asthenia, etc. It means injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH. BUT NO TO THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OF THE DISEASE OR CONDITION OR THE DISEASE OR COND	lying, e. g., the disease, sed death.) NY, GIVING ATING THE CC. ONS CON-	te pulmonary icular Fibrillo-vasculou ac neralized art	eiolent	4 hours 6 hours 9 days
19A. DATE OF OPERATION 19B	MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 10. TIME (Month) (Day) (Year) (H	21s. PLACE OF INJURY (e.g., i bout home, farm, factory, street, office bldg.,	otc.) INJURY OCCUR?	in Baltimore City, a	YES NO NO Y
NJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I attendeceased alive on 13 Rugust, 23A. SIGNATURE	19 51, and that death occur	red at 11:45 Pm., from the 138. ADDRESS 749 Wavekly	e causes and on t	that I last saw the he date stated above.
24A. BURIAL CREMA- 24B. DATE TION REMOVAL (Specify) 8-I7-5I	HOLY Redeemer	RY OR CREMATORY 24b. LO	ir Rd.Balto:	or county) (Sinte)
DATE RECEIVED BY REGISTRAR'S	on Williams, Him	25. FUNERAL DIRECTOR George J.Ruth, Inc	1735 Harfo	ADDRESS ord Avenue
VS 150		10007	113	832



В	51 IRTH NO.	7126				LTH DEPART		51 Registe	712f		
	NAME OF E	DECEASED	EDWARD	M.	SCHAFER			2. DATE OF DEATH	lugust	14,	1951
B. H		City, Maryla	and in hospital or institut	cion, give street	address or	STATE MA:	ryland		red. If insti	itution : re before	widence admission)
	ASIMOTION	St. Jo	seph's Hosp	ital	Yrs. Mos.	Ba.	ltimore				township)
5	gth of s	stay in Baltin	RACE 7. SINGL	E. MARRIED.	Days 8	360 DATE OF BIRTI		side Dri	rs If Under		Under 24 Hours
XX.	Mane during most	White CCUPATION (G of working life, even UAGEN)	ivekinder 108, KINE	of Busines	SS OR I	Oph. 5-19 Daltim	are.	md.		CITIZEN	1
1	ohn	Silla	fer '	KI/MT(TO)	- C	4. MOTHER'S MA	AIDEN NAM	IE			
(Ye	5. WAS DECEAS s, no or unknown)		SARMED FORCES?	16. SOCIAL SECURI	TY NO.	Mrs. Kose	Sch	afer- :	3600	RESS)	he di
	DISEA (This doe heart fail	LEADING T es not mean the ure, asthenia, et	mode of dying, e. c. It means the diseas which caused death	g., (A)	Corona	DEATH	ion			ONSET A	BETWEEN
RTIFICATION	RISE TO	S OR CONDIT	IONS, IF ANY, GIVING THE								
ш	TRIBUTIN	G TO THE DEAT	CONDITIONS CONTINUES CONTI	ED							
LC	19a. DATE C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION								20. AU	TOPSY?
EDICAL	UNDERLYIN	NAL CAUSE VIG OR COL	NTRIB - about home,	ACE OF INJUR farm, factory, street,		21c. WHERE D INJURY OCCU		n Baltimore (City, give	exact loca	ation)
Z	21D. TIME OF INJURY	(Month) (Day)		2 IE. INJURY	OCCURRED NOT WHILE	21F. HOW DID	INJURY C	CCUR?			
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes A accident , suicide , homicide , undeterming 23A. SIGNATURE									ay state termine	d □.
TIC	ON, REMOVAL (S	D BY IT REGIS	DATE - 6 - 5/ STRAR'S SIGNATURE	Au	y Kee	MEDICAL INV	24b. LOC	ATION (City,	town, or ea	THE RESERVE TO SHARE SHA	(State)
V	S 151		9	E	0 90	1074!	1 4		10	94a	



1	00					-4	51	
BIE	51 TH NO.	7127	BAI		EALTH DEPARTME E OF DEATH		51 'sistered No	
1. 1	IAME OF D	PACHA	=1-1	-1 FRA	()	2. DATE OF	Aug	15-14
3. F	LACE OF D		- 4 -	5 44/1	4. USUAL RESIDENC	E (Where decease	ed lived, 17 insti	tution; residence before admission)
B. F	ULL NAME SPITAL OR TITUTION		spital or institut	ion, give street address or location	C. CITY OR TOWN	(If outside corp	orate limits, wr	ente RUKAL and give
0		0204	Below	lace CCVE	D. STREET ADDRESS	(If rural, give lo	e cation)	(quaship)
		tay in Baltimor		Mos. Days	/			24,00
5. 9	171	6. COLOR DR RA		E, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH Muy 26-18	72 9. AGE (I last birt		Year Under 24 Hours Days Hours Min.
10A work	USUAL OC	CUPATION (Give kin of working life, even if ret.	ndof 10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign counts	1 12	CITIZEN OF WHAT COUNTRY?
13.	FATHER'S N	NAME	1	ou usua	14. MOTHER'S MAIDE	N NAME		WIO'A.
15.	WAS DACEASI	L Tep	MED FORCES?	16. SOCIAL	17. INFORMANT	h all	recen	ん
(Yes,	no or ukknown)	ED EVER IN U.S. AR	dates of service)	SECURITY NO.	us Geowig	uen - 3:	204 Be	lender 402
	18. 4	20.11		CAUSE	OF DEATH		130	ONSET AND DEATH
	(This does heart failt	SE OR CONDITION LEADING TO DE not mean the moure, asthenia, etc. It complication which	DEATH de of dying, e. means the diseas	e,	bronie My	10carde	Lis	5 months
7		ANTECEDENT C	AUSES		Coronary &	Pollenia	,	5 Month
TION	RISE TO T	S OR CONDITION THE ABOVE CAUSE YING CONDITION	(A) STATING TI		commy of	a vice in		
FICA	ONDERE	TING CONDITION	CAST.	(C)	Arx Ixcle	HARIO		194.
CERTI	TRIBUTING	II SIGNIFICANT CO G TO THE DEATH, I DISEASE OR CONDIT	BUT NOT RELAT	N -				
		F OPERATION		FINDINGS OF OPER				20. AUTOPSY?
EDICAL	21A. ACCIDE	ENT. SUICIDE, (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., larm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltime	ore City, give	exact location)
Ψ.	ID. TIME	(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?		
			773	WHILE AT NOT WHILE AT WORK		0	74	
	22. I hereb deeeased r a		attended the	deceased from A		om the eauses	, 192 Z, th and on the d	at I last saw the ate stated above.
	23A. SIGNA	amesa.	Miller	M. D.	PIKESVILLE -	8 md	2:	PLS-15-1
	BURIAL (S		E (24C. NAME OF CEMETE		D. LOCATION (City, town, or e	oginty) (State)
	TE RECEIVE		AR'S SIGNATE	I Sellie	25. FUNERAL DIRECT	OR	AD	DRESS
SEC.	TEGISI	timin di			11 -1 1 11 1	/ //	1 - /-	
	1 5 19	The There is a second	rator NA	Cause M. C.	ode Gy	elon I	tacing	read



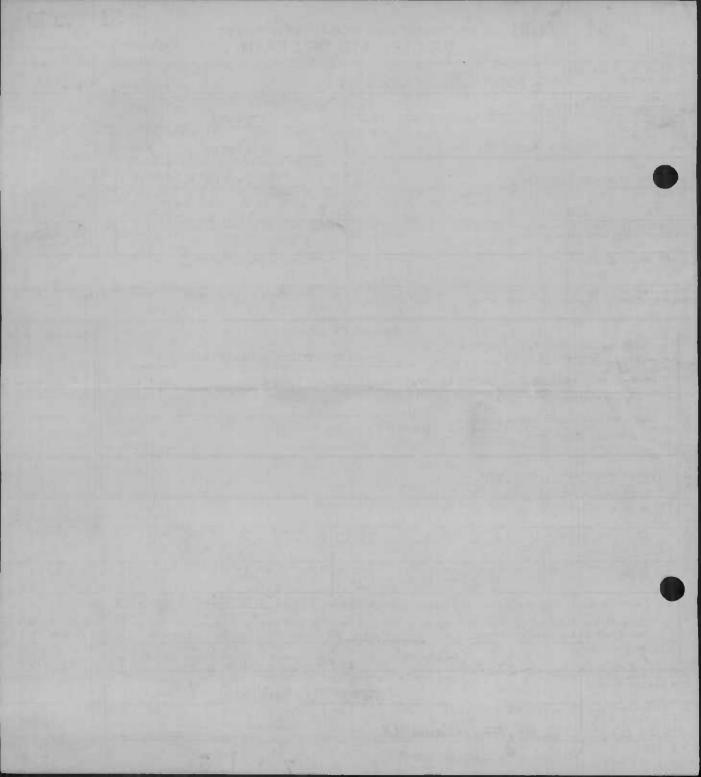
DATE RECEIVED BY LOCAL REGISTRAR

AUG 1 5 195



NOT A MEDICAL EXAMINER'S CASE

OWER OR ASST. MEDICAL EXAMINER

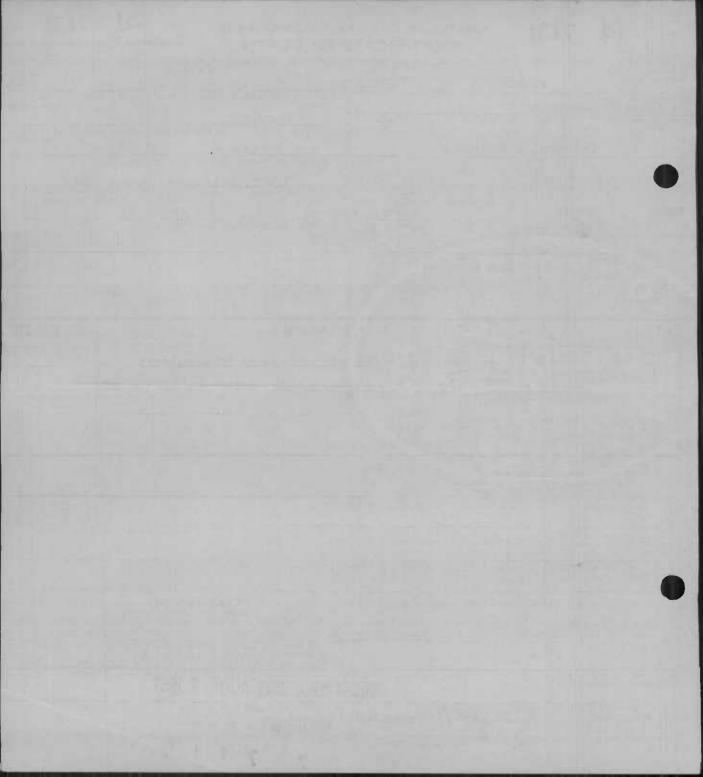


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

7131

Registered No. 2. DATE (Type or Print) OF WILLIAM GILLIGEN DEATH 4, USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Maryland location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write KURAL and give INSTITUTION township) University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. th of stav in Baltimore Days Baltimore Street 9. AGE (in years | 1 Under 24 Hours last birthday) | Months; Days | Hours: Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknowo) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic pulmonary tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DHE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS EDIC about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER ... X 23A. SIGNATURE 23c. DATE SIGNEU MEDICAL INVESTIGATOR AUG 7 1951 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 24B. DATE ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

V S 151



-320 51 7132

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7132

1. NAME OF DECEASED ESTHER ME	12 2. DATE OF DEATH 8-1	16-51
	4. USUAL RESIDENCE Where deceased lived. If in B. COUNTY	stitution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give affect address or location)		melta DIIDAT and ala
INSTITUTION Mt. Veissie House	c. CITTOR TOWN (If outside corporate limits,	town hip
Yrs.	D. STREET ADDRESS (If rival give location)	640
c. Length of stay in Baltimore	3018 Oakford (we
SSEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last in the last in	det I Yeat hs Days Hours Min.
10A. USUAL OCCUPATION (Givokindof ork style during most of working life, even fretired) INDUSTRY		2. CITIZEN OF WHAT COUNTRY:
13; EATHER'S NAME	14 MOTHER'S MAIDEN NAME	
The state of the s	A D V A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Mona	
You, no or nokoown) (If yes, give war or dates of service) SECURITY NO.	Mollie Gloom - ADS	PRESS
18. / 9 2 X . CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONDE! AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	moma of and	
ANTECEDENT CAUSES	- 0.1.0 and	
(B)	anone of spiral cond	•
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CON-		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
awit si spin con	Late William Delkinson City with	YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., to CAUSE OF DEATH	in or 21c. WHERE DID (If in Baltimore City, giv	e exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	21F, HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from	10,19 of to any 15, 195/	that I last saw the
deceased alive on \$ 15, 1950, and that death occur	rred at 12 4m., from the Juses and on the	date stated above.
23A. SIGNATURE		23C. PATE SIGNED
M.D.	704 (, firsus s)	8116/01
248. BURIAL, CREMA- 248. DATE TION, REMOVAL (Specify) 8-16-1	ery or CREMATORY 24D. LOCATION (1914), town. of	Mal
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS DO
AUG 1 6 1051 st to Villiams MA	falk sewis/ 2100 Ou	tow 10
VS 150	0 0 0 7 1 2 0	540

Horusten

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY A. Baltimore City, Maryland before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location Yrs. Mon. c. Length of stay in Baltimore Dets 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) H Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Maurica 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of) 12. CITIZEN OF rk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? unes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unkoown) (If yee, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or | 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

INJURY NOT WHILE WORK AT WORK

22. I hereby certify that I attended the deceased from

deceased alive on Line 15 19 Le, and that death occurred at_

NAME OF CEMETERY OR CREMATORY

23B. ADDRESS 33

21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

m., from the causes and on the date stated above. 23c DATE SIGNED

20. AUTOPSY

YES

(If in Baltimore City, give exact location)

BURIAL, CREMA-24B DATE REMOVAL (Specify)

24D. LOCATION Wity, town, or county)

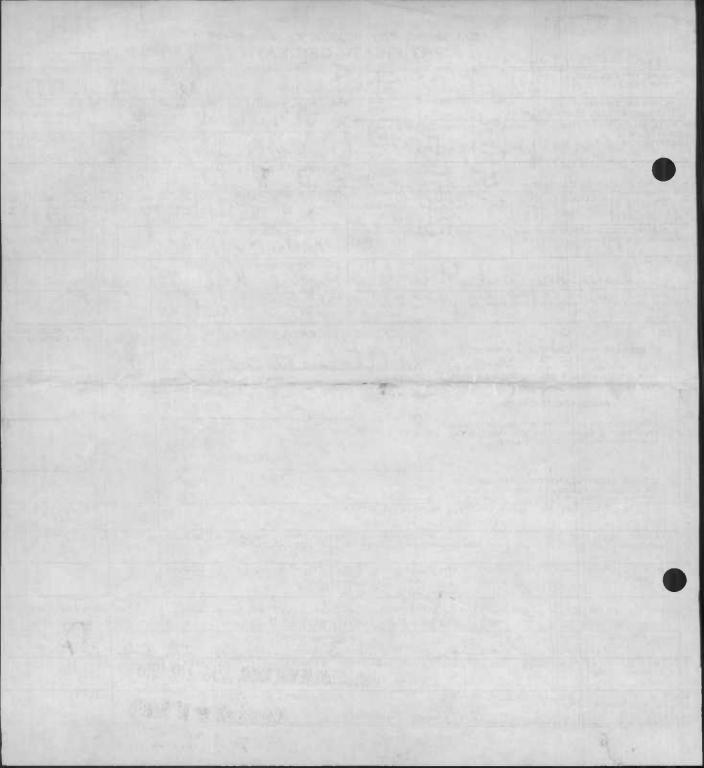
DRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

234 SIGNATURE

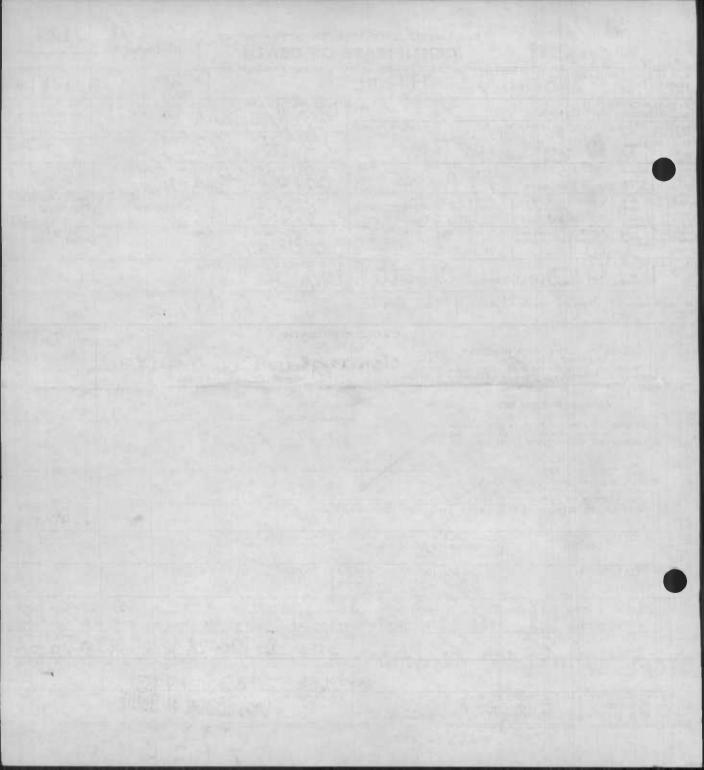
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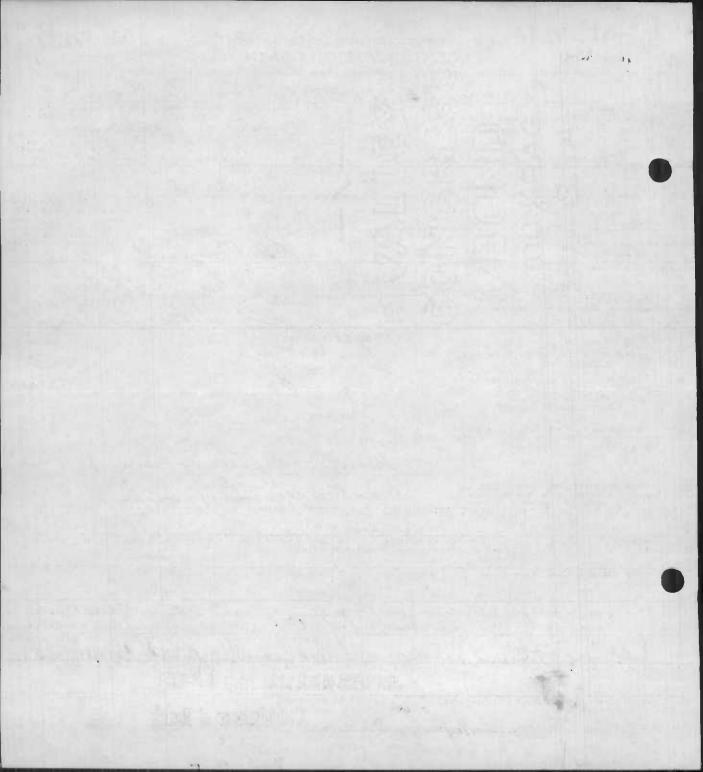


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE abbotit (Type or Print) July OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In year If Under 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday | Months Days Hours Min. ru sant 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working lin, even if retired) INDUSTRY WHAT COUNTRY un la ut 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY metal Heart ding LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE! WORK 2.9 . 1951, that I last saw the 1931. to. 22. I hereby certify that I attended the deceased from. 195 .. and that death occurred at_ Qum., from the causes and on the date stated above. deceased alive on_ 23A. SIENATURE 238. ADDRESS 23c. DATE SIGNED 300 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B. DATE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150 The state of the s E.

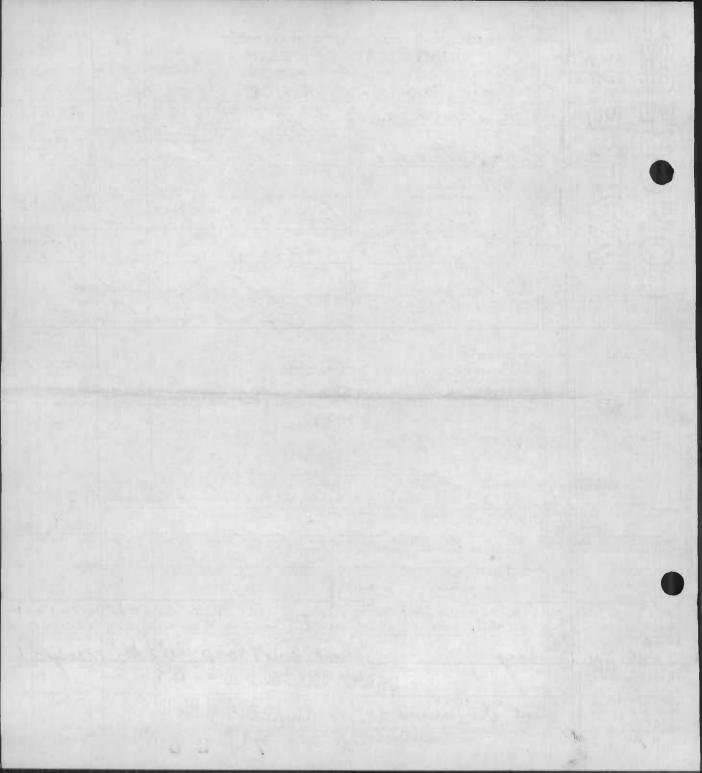


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Aby-PARRISH, WARREN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF, (If not in hospital or institution, give street address or MARYLAN HOSPITAL OR Wouse Nocation) 4050HAL FOR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) TIMORE Yrs. D. STREET ADDRESS (If rural, give location) Mos. BAL c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months! Days Hours: Min. SINGLE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF rork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT Yes, no or uokoowo) SECURITY NO Mother BALTIMER INTERVAL BETWEEN 18. 62.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANOXIA CEREBRAL (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING CAUSE UNKNOWN. RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 20. AUTOPSY 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION MEDICAL YES 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 2 4 8 14 , 19 5 1 to PM 5/14, 19 5 that I last saw the 195 L and that death occurred at 10 10 Im., from the causes and on the date stated above deceased alive on 23B. ADDRESS 23c DATE SIGNED WOMEN DE 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Duria. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR THE PROPERTY OF THE PROPERTY O VS 150

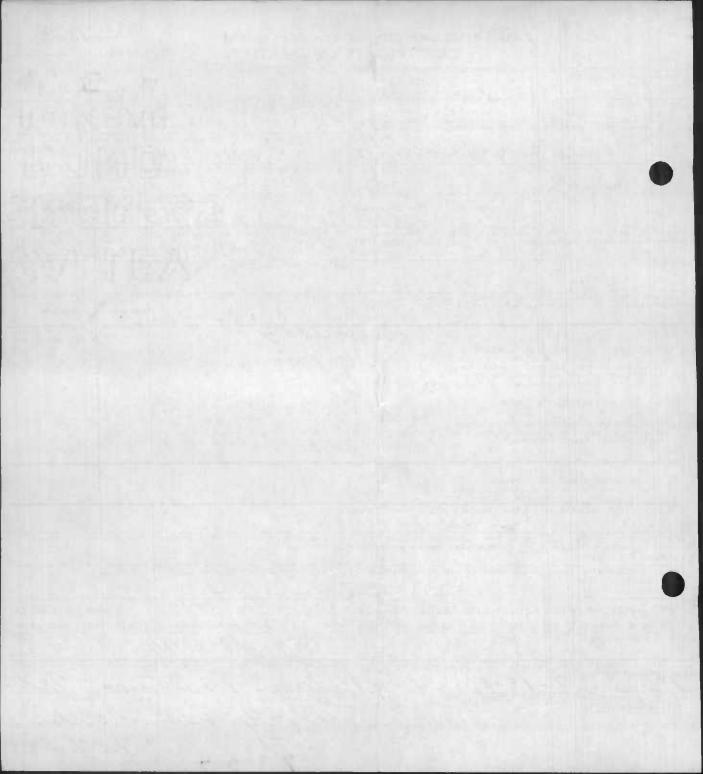
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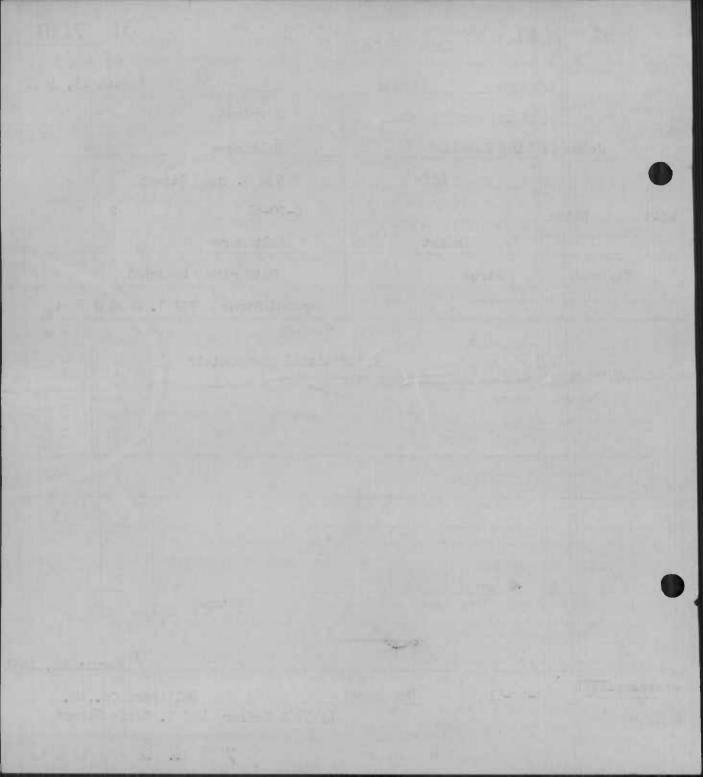
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Frint) DEATH / Kug. 4. USUAL RESIDENCE, (Where deceased lived. I institution: residence 3. PLACE OF DEATH B. COUNTY A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or Joelha (If out de corporate limits, write RURAL and give township) location HOSPITAL OR C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore AGE (In years AGE (In years | Munder 1 Year | M Under 24 Hours last birthday) Mionths: Days | Hours: Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH Il Under 24 Hours WIDOWED, DIVORCED (Specify) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Givekind of) 11. EVRTHPLACE (State or foreign country) CITIZEN OF ork done during most of working life, even if retired) INDUSTRY COUN 13, FATHER'S NAME 14. MOTHER'S MANDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO No NTERVAL BETWEEN 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 3.5 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED schoudin TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT AT WORK WORK 22. I hereby certify that I attended the deceased from Mug. I 195/ 10/ hung. , 19 1, that I last saw the 0.000 from the causes and on the date stated above. deceased alive on theg. 11, 19 51, and that death occurred at 23c. DATE SIGNED 23A. SIGNATURE susa 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETER 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR him the いの時間に対象的に対象を対象が VS 150



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357 51 7139 BALTIMORE CITY HE					ALTH DEPARTMENT	51	7139	
ВІ	RTH NO.			CERTIFICATI	E OF DEATH	Registered No		
1.	NAME OF D			TE-		2. DATE	Aug.	
		GUTTEN!	DENGE	v LUH		OF DEATH	1951	
	Baltimore (City, Maryland	IMM!	HOSPITITLE	4. USUAL RESIDENCE ()	Where deceased lived, If in	stitution: residence before admission)	
H	FULL NAME	OF (If not in hospi	tal or instituti	ion, give street address or location)	c. CITY OR TOWN (II	f outside corporate limits,	urita DIIDAY and i	
IIN	STITUTION	SIME HOS	PITAL	OF BATIMUNE	C. CITT OK 10WIN (1)	- 1 // 6/	Z township)	
1		7.11147	(, , , , ,	Yrs.	D. STREET ADDRESS (If	rural, give location)		
		tay in Baltimore		Mos. Days	3907 Fra	ster True	サイイ	
5.	SEX	6. COLOR OR RACE		E, MARRIED. PED. DIVORCED (Specify)	8. DATE OF BIRTH		der I Year If Under 24 Hours hs Days Hours Min.	
10 orl	A. USUAL OC	CUPATION (Give kind of working life, even if retired	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	2. CITIZEN OF	
	100	うさん/下			GERMANY WHAT COUNTRY			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME		
1.5	WAS DECEASE	ED EVER IN U.S. ARME	D FORCES	1 15 505141				
You	, no or unknown)	(If yes, give war or date	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS	
	18. 58	1/ \		CALISE	OF DEATH	, or the country	INTERVAL BETWEEN	
	20	FE OR CONDITION	DIRECTLY	CAUSE	OF BEATH		ONSET AND DEATH	
	(This does	LEADING TO DEA	TH of dying, e. g	(A)	HRTHHITILD	AF	tero thion	
	heart failu injury or	re, asthenia, etc. It mes complication which	ans the disease caused death	e, .) DUE TO				
		ANTECEDENT CAU	SES	Col	and octour	2 1 2 2 4 /a		
Z	DISEASES	S OR CONDITIONS, I	IF ANY, GIVIN	(B)				
ATI(RISE TO T	HE ABOVE CAUSE (A)	STATING TH		tabo Duairi	10E		
IC)				(C)				
CERTIFICATION	OTHER S	IGNIFICANT COND	ITIONS CON					
日日	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D				
	19A. DATE C	F OPERATION	198. MAJOR	FINDINGS OF OPER	ATION (F)	Businelli.	20. AUTOPSY?	
EDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)	
Σ	D. TIME	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
	J INSORT		m.	WHILE AT NOT WHILE				
22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw deceased alive on, 19, and that death occurred at, m., from the causes and on the date stated about							that I last saw the	
							date stated above.	
	23A. SIGNA	me	ulir	м. О.	3B. ADDRESS	SPITIFIE	23c. DATE SIGNED	
	ON, REMOVAL (S		8-51	24C. NAME OF CEMETE	Placemen 240. L	OCATION (City, town, or	county) (State)	
D	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR ADDRESS LOGAL REGISTRAP ADDRESS LOGAL REGISTRAP ADDRESS							
-	VS 150							
			6.	200		1/6	Al. ISI	



Registered No. 7140 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 5/-1377 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH August 15. RAYMOND STROM 4. USUAL RESIDENCE (Where deceased lived, If institution: relidence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admissie B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and als.) INSTITUTION Johns Hopkins Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. Life th of stay in Baltimore Bond Street Days If Under 1 Year 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH ACE (In year | If Under I Year | II dodes 24 H on Ia t birthday) | Months, Days | Hour | Mr. 6-20-57 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O WHAT COUNTRY 10A USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) INDUSTRY Infant. Baltimore 14. MOTHER'S MAIDEN NAME Strom Catherine Leuschel Raymond 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Raymond Strom 732 S. Bond Street INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Interstitial pneumonitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPS 19A. DATE OF OPERATION CA LIC. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED ZIF, HOW DID INJURY OCCUR? FINJURY WHILE AT NOT WHILE WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said decrased dea on the day stated above, and death in my opinion resulted from: natural causes X, accident [], suicide [], havioide [] undetermined 23B, CHIEF MEDICAL EXAM NER 23A. SIGNATURE 23C. DATE SIGN D ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR M.D. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE TION REMOVAL STREET Oak Lawn Baltimore Co. Md. 25. FUNERAL DIRECTOR Lilly & Zeiler REGISTRAR'S SIGNATURE 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7141

Registered No.

BIRTH NO.								
1. NAME OF (Type or Print)						2. DATE		
		Daniel	Shelton			DEATH Aug. 1		
	City, Maryland				4. USUAL RESIDENCE (V	Where deceased lived. If is B. COUNTY	nstitution : residence before admission)	
B. FULL NAME HOSPITAL OR INSTITUTION	Baltimore	City F	lospital s	location)	Maryland c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give	
31-	4940 East	ern Ave	enue		Baltimore 26-12 township			
c Length of	stay in Baltimore		T. s.c.	Yrs. Mos.	b. Street Address (If rural, give location) B.C.H. 4940 Eastern Avenue			
5. SEX	6. COLOR OR RACE	7. SINGLE	Life E. MARRIED.	Days	8. DATE OF BIRTH		Inder 1 Year If Under 24 Hours	
Male	Negro		red DIVORCEI	D (Specify)	April 27,1916	last birthday) Mon	ths Days Hours Min.	
	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	2. CITIZEN OF WHAT COUNTRY	
13. FATHER'S	NAME				14. MOTHER'S MAIDEN N	AME		
Dan She					Fanny Logan			
15. WAS DECEA: Yes, oo or noknowe	SED EVER IN U.S. ARMEE (If yes, give war or date	of service)	16. SOCIAL SECURIT	TY NO.	17. INFORMANT Baltim Records: 4940 Fa	ore City Hosp stern Avenue	Ptais	
(This doe heart fail injury of DISEASE RISE TO	ASE OR CONDITION LEADING TO DEAT es not mean the mode o lure, asthenia, etc. It mea r complication which c ANTECEDENT CAUS ES OR CONDITIONS, II THE ABOVE CAUSE (A) LYING CONDITION LA	FH f dying, e. g ns the diseas aused death SES F ANY, GIVIN STATING TH	e,) DUE TO (B)		ellar Atrophy		2 Yrs.	
O TO THE	SIGNIFICANT CONDI IG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	NOT RELATE	- n	eumonia, terminal		1 Wk.		
LYING C	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) LYING OF DEATH.							
21D. TIME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WOR							
22. I here deceased of 23A. SIGNA		ended the	deceased fro	mth occur	red at 6:30a m., from t		that I last saw the date stated above 23c. DATE SIGNED 8-14-51	
24A. BURIAL, TION, REMOVAL (BUPIAL) DATE RECEIV. LOGAL REGIS	ED BY REGISTRAR	-51	ML. CA	CEMETE	1940 Bastern Aven RY OR CREMATORY 240 L V CEMETERY AV 25. FUNTRAL DIRECTOR	OCATION (City, town, o	or county) (State)	

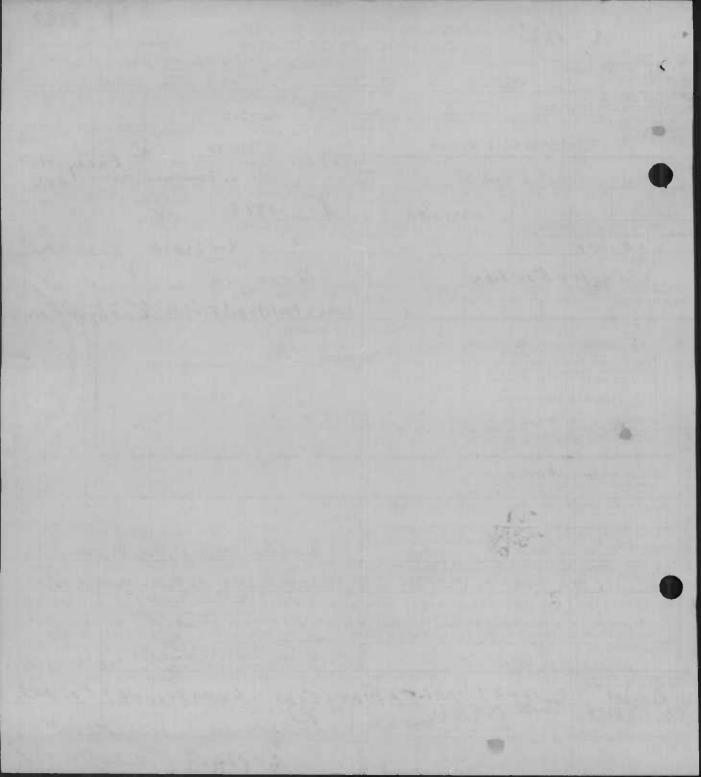
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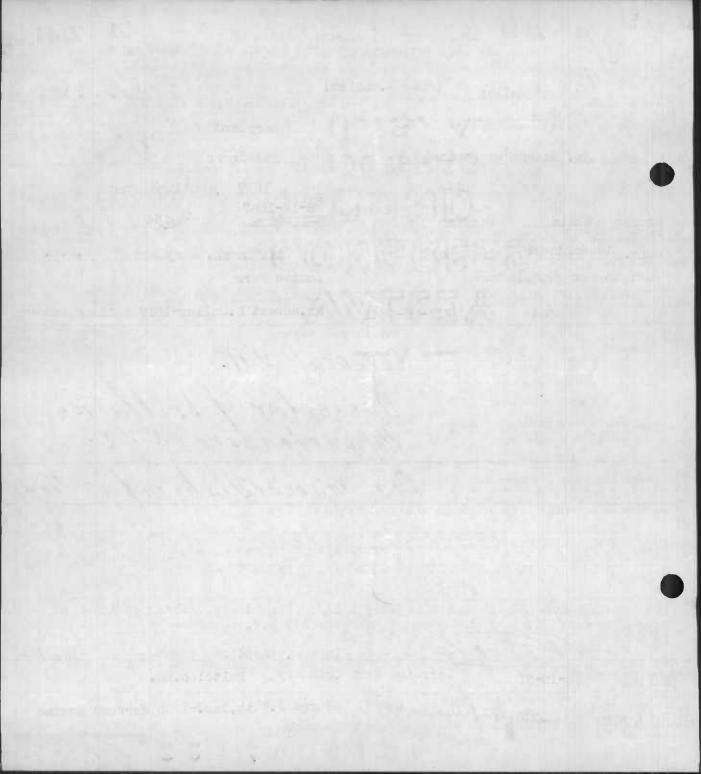
EDICAL

Gee Letter in Document File from Stanley H. bur acher, M.D., Asst Modical Examiner direction deletion from death cortificate as now causing or con ributing to death. 8/28/51

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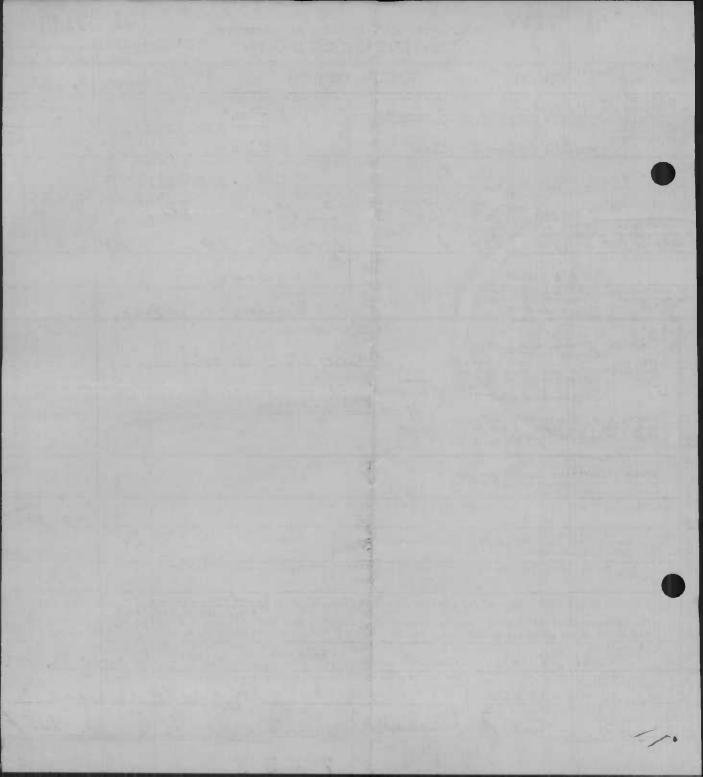
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		51 7144	BALTIMORE CITY HE	ALTH DEPARTMENT	51	7144
BIE	RTH NO.		CERTIFICATE	E OF DEATH	Registered No.	
	NAME OF DI pe or Print)	ECEASED Anna Mul	ler (Anna E.Mull	er)	2. DATE OF DEATH AUS	15 1951
	PLACE OF DI			4. USUAL RESIDENCE (W	here deceased lived. If ins	
в. F	TULL NAME		or institution, give street address or	Maryland	B. COUNTY	before admission)
	SPITAL OR STITUTION		location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
1		St. Joseph	s Hospital	Baltimore D. STREET ADDRESS (If I		7
c	Length of st	tay in Baltimore	Life Mos. Days	-0	Rutland Avenue	
	SEX	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-12-1887	9. AGE (In years Wond last birthday) Month	er I Year II Under 24 Hours is Days Hours: Min.
104	Female L	White CUPATION (Givekind of	Married 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		. CITIZEN OF
OFK		(Seemstress)	Own Home	Raltimore	Maryland	WHAT COUNTRY?
13.	FATHER'S N		wh o m	14. MOTHER'S MAIDEN NA	ME	
	Christo			Louise Parr		
Yes,	no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates of	forces? 16. SOCIAL SECURITY NO. 212-05-9981	Mr.Robert H.Mu	ller-I8I9 Rutl	and Avenue
CENTICATION	heart failur in jury or DISEASES RISE TO THE UNDERLY OTHER SI TRIBUTING	LEADING TO DEATH not mean the mode of re, asthenia, etc. It means complication which can ANTECEDENT CAUSE OR CONDITIONS, IF HE ABOVE CAUSE (A) S ING CONDITION LAS II IGNIFICANT CONDIT TO THE DEATH, BUT N SEASE OR CONDITION	dying, e. g., (A) L. E. V. E. (B) DUE TO S. ANY, GIVING ITATING THE T. (C) IONS CON- OT RELATED	icular f. nertensiv myocardia	ibrillar e CVI l infa	re tion
7 .	19A. DATE O	F OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
י ביייי		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e.g., ic about home, farm, factory, street, office hidg., s		f in Baltimore City, give	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE MHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
-	22. I hereby deceased al 23A. SIGNAT		hat I last saw the date stated above. 3c. DATE SIGNED 8/15/51			
24.	A. BURIAL C N. REMOVAL (SI Burial	REMA-248 DATE pecify) 8-18-51	dc. NAME OF CEMETER Lorraine Park	Cemetery Balto	CATION (City, town, or CO.Md.	county) (State)
	TE RECEIVED		SIGNATURE HAR	25. FUNERAL DIRECTOR George J.Ruth, Inc	e1735 Harfor	DDRESS d Avenue
	VS 150	Jan.	751	00071	3 2	935

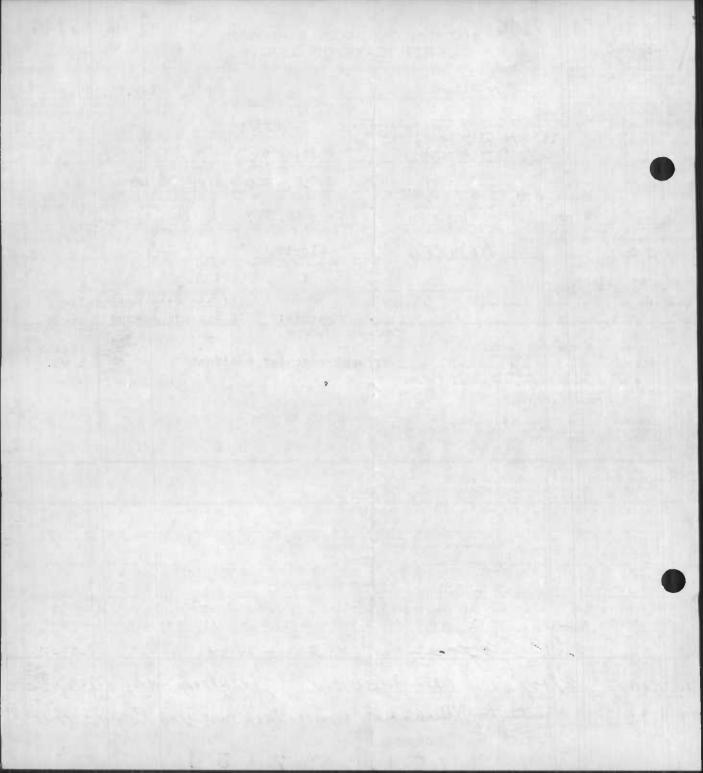


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24A. BURIAL, CREMA- 24B. DATE MQUAI DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIREC LOCAL REGISTRAR VS 151



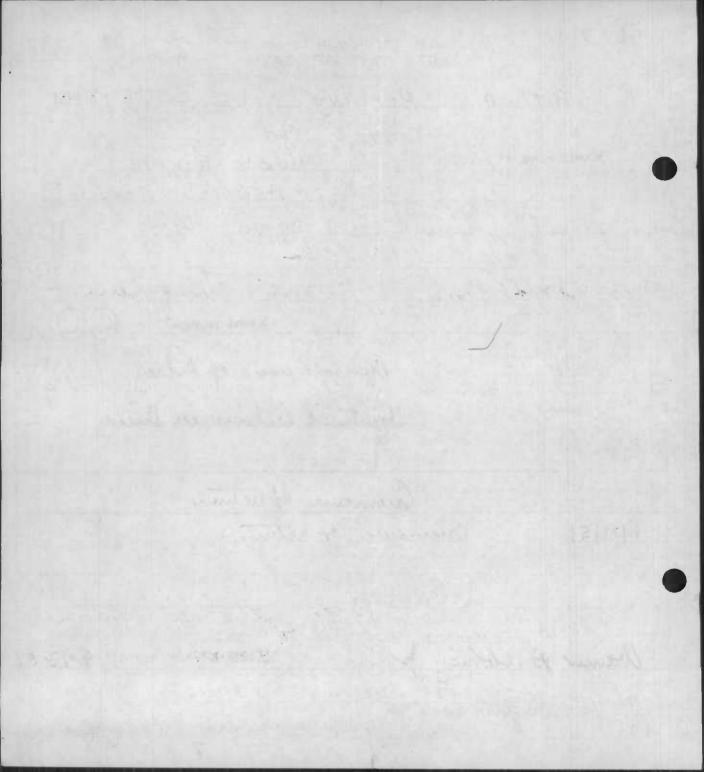


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before admission) ATL ite RURAL and give township) I Year H Under 24 Hours
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l Year fl Under 24 Hours
Date House 24 hours
Days Hours: Min.
CITIZEN OF
WHAT COUNTRY?
1.
ESS
INTERVAL BETWEEN
ONSET AND DEATH

20, AUTOPSY?
YES NO
exact location)
at I last saw the
ate stated above.
SC. DATE SIGNED
13-13-51
ounty) (State)

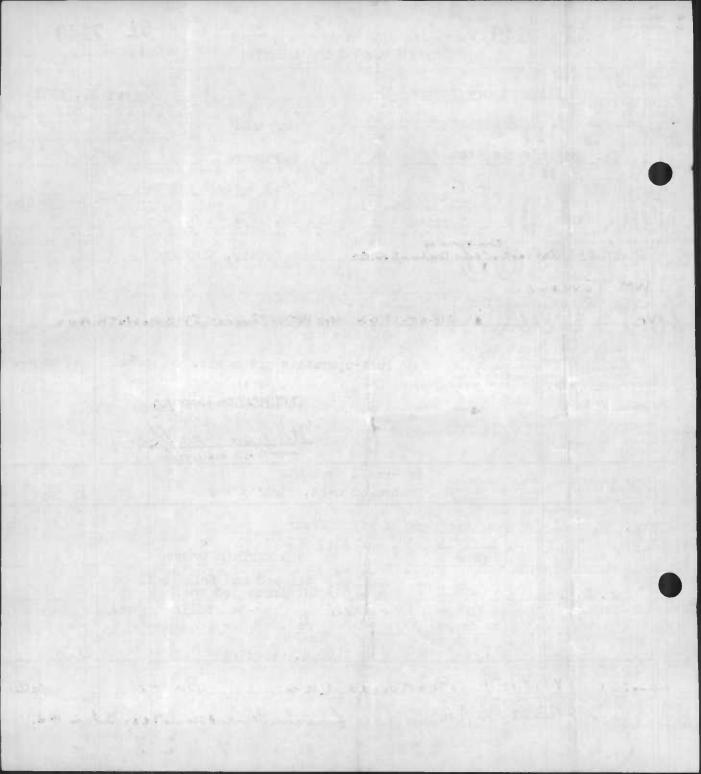
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W. A. JACKSON- 916 PEAGNO. AUE
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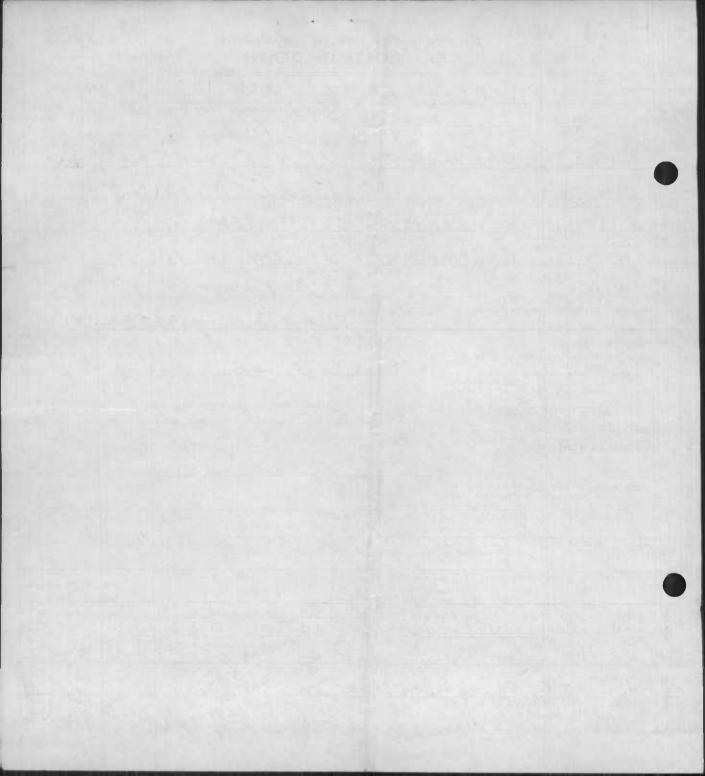
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1.		51	7148	BAL	TIMORE CITY HE	ALTH DEPARTMEN	T 51	7148
BIRTH	NO				CERTIFICATI	E OF DEATH	Registered	No.
1. NA	ME OF I		D	1	1 11		2. DATE	
	or Print)	2151	ten So	rah 1-	tolleran		D 407 1 1 1	-14-57
	timore		aryland 64	120 Treist	exstown Rd. Balto	4. USUAL RESIDENCE	B. COUNTY	before admission)
	L NAME	OF (If not in hosp	ital or institut	ion, give street address or location)	c. CITY OR TOWN		nits, write RURAL and give
INSTI	NOITUT	The	Seto	n Th	stitute		A	and township)
		1110	00.0	71	Yrs.	D. STREET ADDRESS	(If rural, give location)	1. 1
			Baltimore		Mos.	Emmitsbu		
5. SEX	F	6.COL	hite	MIDOM	E, MARRIED, VED, DIVORCED (Specify) HGIE	10v.1, 1873	9. AGE (In years last birthday)	Months Days Hours Min.
			ON (Give kind		OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
lava	htero	F Char	ity of St. Y.	MP. Co	atholic Sisten	Vansbono	Maine	U.S.A.
13. FF	THER'S	NAME	i. Ha	11-		14. MOTHER'S MAIDEN Bridget	0 11	
15. WA	S DECEAS	ED EVER	IN U. S. ARM	HEN QUED FORCES?	I 16. SOCIAL	17. INFORMANT	01014011	ADDRESS .
4.	or unknown) (If yet	giva war or da	tes of service)	SECURITY NO.	The Seton	Institute	Batto. 15, NId.
18.	. 4	20	/ 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA		CONDITION ING TO DE	DIRECTLY	0 -	m/11 .	10 1	. 11
	(This doe heart fail	es not me	an the mode	of dying, e.	g., (A)	onaryo	hiomiro	us lacy
	injury or	r complic	eation which	caused deatl	h.) DUE TO		0	
2		ANTEC	EDENT CAL	JSES	18 Hon	eral Urler	insclare	sen /oyes.
9				IF ANY, GIVI				
4 D			ONDITION					
			11		(C)			
2				DITIONS CO				
U		DISEASE	OR CONDITIO	N CAUSING		ATION	100	20. AUTOPSY?
Y Y	A. DATE	0. 0. 1.	0	155. MAJON	7 1110 01 01 01 01			YES NO
	A. ACCID		ICIDE.	21B. PL	ACE OF INJURY (e. g., i farm, factory, street, office bidg.,	n or 21c. WHERE DID injury occur?	(If in Baltimore City	y, give exact location)
\geq	P. TIME		(Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJ	URY OCCUR?	
	MOCKI			m.	WHILE AT NOT WHILE AT WORK			
22	. I here	by certi	fy that I a		deceased from 5/	29 , 195, to		Shat I last saw the
	ceased o		8/14				n the causes and or	the date stated above.
23	A. STGN	TURE	111011	10 0	10 0120 3	38. ADDRESS	exist 110	7711
24A.	BURIAL,	CREMA-	24B. DATE	. 42	24C NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (City, to	wn, or equity) (State)
Be.	REMOVAL (Specify)	aug-1	7-1951	Seton lime	tiry Si	Lon Institute	Balto. md.
PATE	FECEIN	EH 30	REGISTRA	R'S SIGNATI	YRE.	25 FUNERAL DIRECTO	OR A	ADDRESS
	HC 1	6 195	1 1	twiter	Miliana, M. B.	Tewart Mous	n lo., 1084	V. North los
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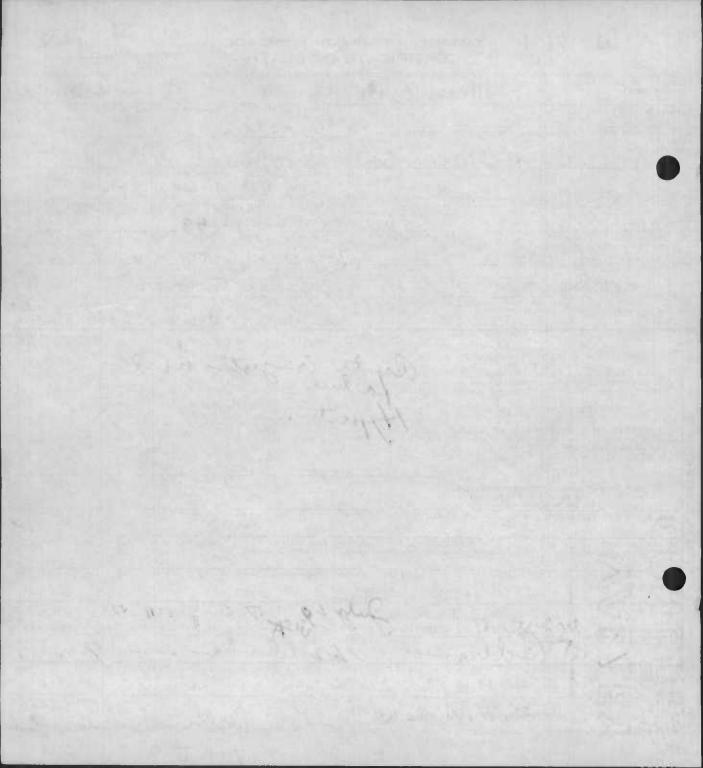
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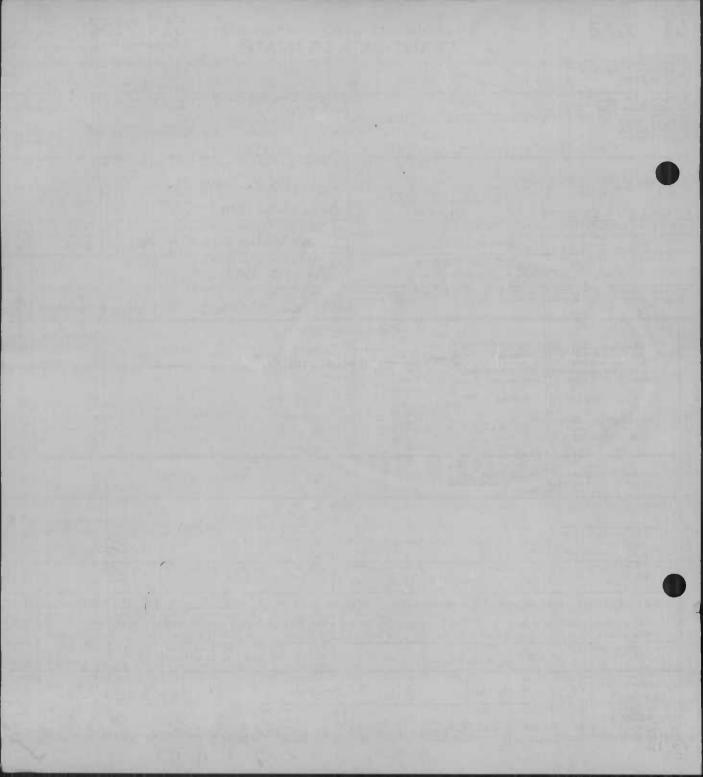
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-BIRTH NO. 2. DATE I. NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence S. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN township INSTITUTION (If rural, give location) D. STREET ADDRESS Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) AGE (In years H Under 1 Your 6. COLOR OR RACE last birthday) Months: Days Hours: Min. MARKIEL 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ECH . MOTORS 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH 332 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE AT WORK WORK 195, to 195, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Q . 13, 195 , and that death occurred at 1 m., from the causes and on the date stated above. 23B. ADDRESS 23c DATE SIGNED 23A, SIGNATURE PAC. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or eounty) 24A. BURIAL. CREMA-24B. DATE TION, REMOVAL (Specify CEMETERY BURIAL OUDON 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR VS 150





5	7	52 R-300	ВА	LTIMORE CITY HE	EALTH DEPARTMENT	51 715 Registered No		
1.	NAME OF Dope or Print)			REED		2. DATE OF DEATH AUgust	- 12 10.7	
A. B.	FULL NAME	EATH: City, Maryland	al or institu	tion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland	Where deceased lived. If in: B. COUNTY	stitution: residence before admission)	
	STITUTION	Franklin Squa	ire Hos	pital Yrs.	Baltimore D. STREET ADDRESS (If	f outside corporate limits.	write RURAL and give township)	
c. 5.	gth of s	tay in Baltimore	WIDOV	Mos. Days E. MARRIED, NED, DIVORCED (Specify)	315 N. Car 8. DATE OF BIRTH	9. AGE (In years # 80	Ader I Year If Under 24 Hours hs: Days Hours Min.	
10.	done during most	COLOTED CUPATION (Give kind of of working life, even if retired)	V	vidow	August 12, 1900 11. BIRTHPLACE (State or for Charlotte Co	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?	
13	FATHER'S	NAME Leene	•		14. MOTHER'S MAIDEN N Virgie Keer	AME	s. A.	
15 (Yes	was DECEASE no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT William Keen	e. 939 W. So	press pratoga St.	
RTIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							
8	TO THE D	F OPERATION	CAUSING		ATION		20. AUTOPSY?	
MEDICAL								
	the evi	dence obtained by ath in my opinion	nquiry, find that said de [], accident [], suicide [] 23B. CHIEF MEDICAL [] ASSISTANT MEDICAL	Inspection or Inquiry eccessed died on the, homicide, und EXAMINER	day stated above, letermined			
TIO	A. BURIAL, CON, REMOVAL (S. DUY) TE RECEIVEL CAL REGISTI	DBY REGISTRAR	16, 1957	and the second second	D. MEDICAL INVESTIGAT	OCATION (City, town, or Baltimore)	county) (State)	
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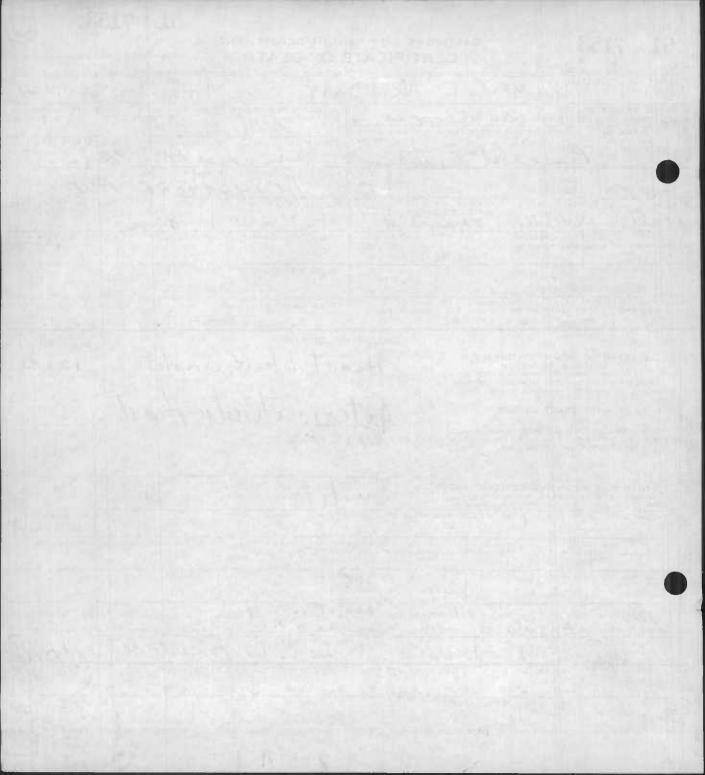
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	51 7	71.53	BAL	TIMORE CITY HE	EALTH DEPARTMEN	TV	
		KII 11 A		CERTIFICATI	E OF DEATH	Registered	No.
	RTH NO.	7-740					
(T	NAME OF I	ELM	FRI	_ New B	ary	2. DATE OF DEATH	gust 15,131
3.	PLACE OF I	DEATH:	2050	Lane Garala	4. USUAL RESIDENCE	(Where deceased lived, I	f institution; residence
	FULL NAME	City, Maryland 6		on, give street address or	Md.	Polar	C. Commission
H	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lim	its, write RURAL and gi
11	STITUTION	Panaca	and 8	a triin	TACOL	u & PK.	mal. township
4		, -, -, -, -, -, -, -, -, -, -, -, -, -,	art on	Yrs.	D. STREET ADDRESS	(If rural, give location)	70
c.	Length of	stay in Baltimore		Mos. Days	1454	CAMORE	AUE.
5.	SEX	6. COLOR OF RACE	7. SINGLE	MARRIED, ED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) N	M Under 1 Year M Under 24 Hou lonths: Days Hours Min
1	Male	white	all the same of	arried	Feb. 23, 1871	80-40	
		CCUPATION (Give kind of t of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country	12 CITIZEN OF WHAT COUNTR
	Detired		Iron	Torker	Unknown		
13	FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
		us Newherry			Wenrietta	Lin+hicum	
	. WAS DECEAS	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	Yes	Spanish -	morics	?	S. W. Fines	Funeral Home	Wash. De.
	18. 1/-	2.0		CAUSE	OF DEATH		INTERVAL BETWEE
	4.	ASE OR CONDITION	DIRECTIV			1 1 1	ONSET AND OFAT
		LEADING TO DEA	TH	Ite.	ART block	. complete	12475
	heart fail	cs not mean the mode of lure, asthenia, etc. It mea	ns the disease			Į,	-
	injury o	r complication which o	aused death.) DUE TO	1	+ 11 -	7 7
		ANTECEDENT CAUS	SES	1 nt	eriosclere	alic HOMANI	
Z						1/6//(07/1/	
NOIL	RISE TO	ES OR CONDITIONS, I THE ABOVE CAUSE (A)	STATING TH	E DUE TO DI	CASE		
V	UNDER	LYING CONDITION LA	ST.				
F				(C)			
RT		11			1 1		
ER	TRIBUTIN	SIGNIFICANT CONDI	NOT RELATE	DOCI	iliTy		
U		OISEASE OR CONDITION		FINDINGS OF OPER	ATION		20. AUTOPSY?
AL	19A. DATE	OF OPERATION 1	9B. MAJOR	- INDINGS OF OPER	KATION		YES NO
DICAL	21A. ACCIE	DENT. SUICIDE.		CE OF INJURY (e.g., i		(If in Baltimore City,	give exact location)
ED	HOMICIDE	(Specify)	abont home, fa	rm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	ID TIME	(Month) (Day) (Year)	(Hour) 12	21E. INJURY OCCURR	ED 21F. HOW DID INJ	JURY OCCUR?	
	FINJURY	(11011011) (2011)	1	HILE AT NOT WHILE			
			m.	WORK AT WORK			
	22. I here	by certify that I att	ended the	deceased from Au	905 15, 1951, to	, 19_	_, that I last saw t
		alive on Augusti				m the causes and on	the date stated abou
	23A. SIGN		12.		38. ADDRESS	7 .00 1	23c. DATE SIGNE
		reling 1	180	Wer M. O.	2030 W.	1 agen m	8/15/31
2	4A. BURTAL.	CREMA- 24B. DATE	2	4c. NAME OF CEMETE	RY OR CREMATORY 24	D. LOCATION (City, tow	n, or county) (State
[]	ON, REMOVAL	Chiple -	7 4	Ft. AMSToln	Cromstory	Washin ton .	0
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DATE RECEIVED BY LOCAL REGISTRARY AUG 161951

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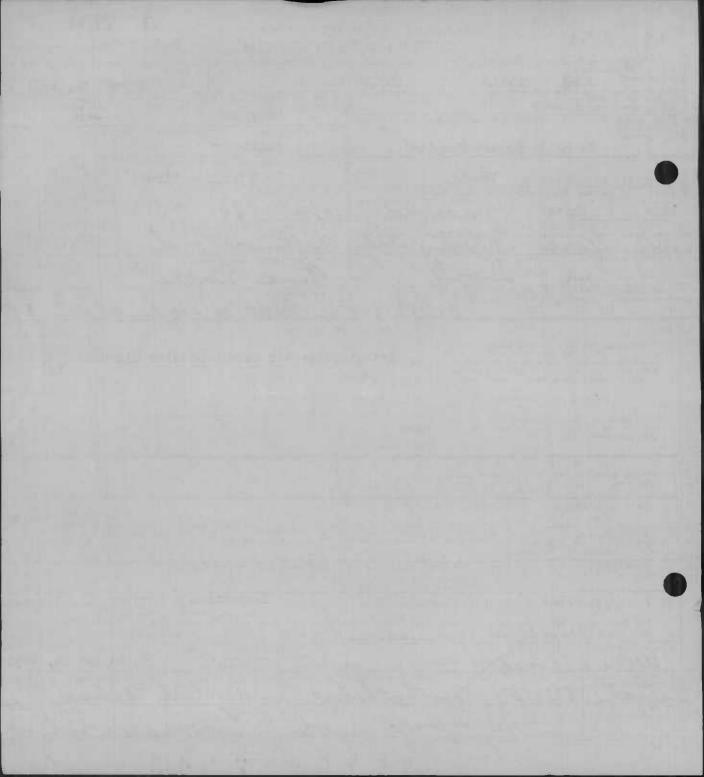


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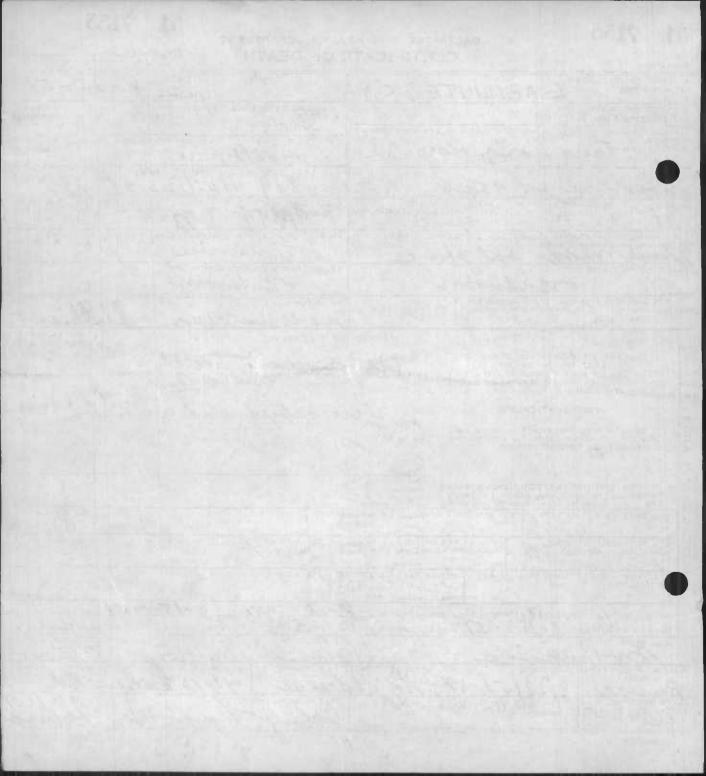
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.

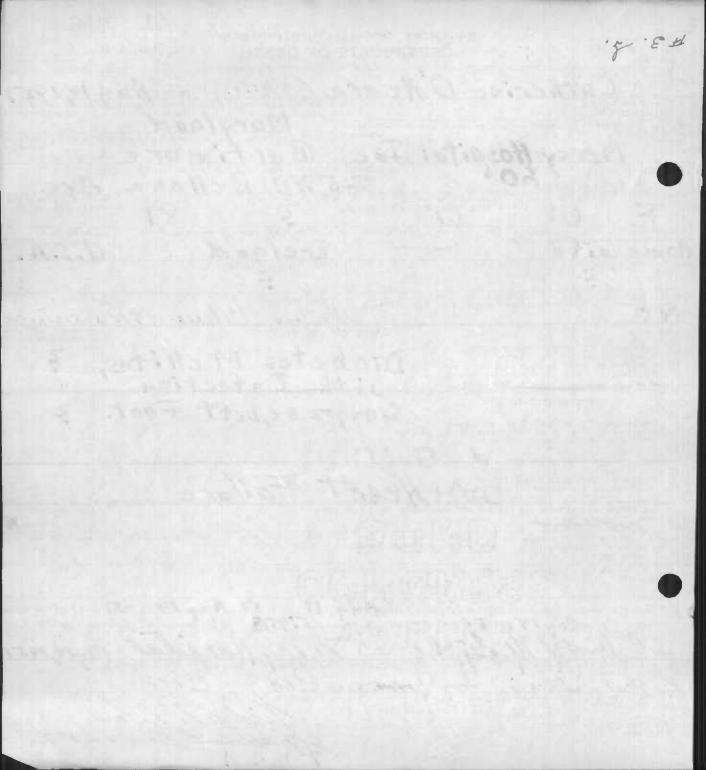
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BIRTH NO.	
1. NAME OF DECEASED (Type or Print) TOUN FDUADD DOVER	2. DATE
JOHN EDWARD DOLLE	DEATH August 16, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Franklin Square Hospital	Baltimore township)
A'/ Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Ogth of stay in Baltimore Days	1003 Hollins Street /0
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Warred	8. DATE OF BIRTH 9. AGE (In years 15 Index 16 Under 24 Hours 10 24 Hours 10 24 Hours 10 24 Hours 10 24 24 24 24 24 24 24 2
10A. USUAL OCCUPATION (Givekind of Job. KIND OF EISINESS OR Work dogs during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAKE.	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL	· Mina /agen
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 12-03-8945	Juna Wolft In Daule Sally ST
18. 4) 2 / . CAUSE (OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	osclerotic cardiovascular disease
ANTECEDENT CAUSES	20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
(B)	
Z DISEASES OR CONDITIONS, IF ANY, GIVING ORISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	
218. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING OR CONTRIBUTION About home, farm, factory, street, office bidg., e	te.) INJURY OCCUR?
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE Th. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described a	bove, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or I-	Autopsy. Inspection or Inquiry nquiry, find that said deceased died on the day stated above, X, accident , suicide , homicide , undetermined .
23A, SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
William / Hoock	D. ASSISTANT MEDICAL EXAMINER August 16, 1951
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	
Burial 8/20/5/ how bather	ral benn 4300 Old Trederich Rd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR



		J	314.	3				51	7155	5	
5	1 71	.55		-	TIMORE CITY H						
BI	RTH NO.	-14			CERTIFICAT	E OF DEAT	H	Registe	red No		
	NAME OF print)			BILIU	TE, ON	A		DATE OF DEATH	8-1.	5-5	1
Α.	PLACE OF Baltimore	City, M	aryland			4. USUAL RESIDE	ENCE (Where	deceased In		ution : reside before adm	
HC	FULL NAME OSPITAL OR STITUTION	-	uklus	- ,	ion, give street address of location		timo!	ide corporate	e limits, wri	te RURAL at	nd give vnship)
c.	Length of	stay in	Baltimore	4500	Yrs. Mos. Days	D. STREET ADDRE	Hol	give location	5 A	18-0	3
5.	SEX F	6.COL	OR OR RACE	WIDOW	E. MARRIED. VED. DIVORCED (Specify	8 PATE OF BIRTH	4 9	AGE (In yes	Months	Year Hours	24 Hours : Min.
		tof working	ON (Give kind of life, even if retired)		OF BUSINESS OR INDUSTR	LI. Thu	tate or foreign	country)		WHAT COU	
13	, FATHER'S	NAME	win	know	n	14. MOTHER'S MA	LENOW	~			
	. WAS DECEA		IN U.S. ARME		16. SOCIAL SECURITY NO.	mrs ann	a He	der	2/0	Elina -	CT
	(This do	es not me lure, asthe	CONDITION NG TO DEA ean the mode enia, etc. It me	TH of dying, e. 1 ans the diseas	E, (A) art	OF DEATH Perioselesol	tic her	ret		NTERVAL BE	TWEEN
CALION	DISEAS RISE TO	ANTEC	EDENT CAU DNDITIONS. VE CAUSE (A) ONDITION L	SES IF ANY, GIVIN STATING TI	NG (B) Je	merabije	1 ari	Teriss	elero		
EKILL	TRIBUTI	NG TO TH	II CANT COND E DEATH, BUT	NOT RELATE	LD .						
AL C	19A. DATE		RATION		FINDINGS OF OPE	RATION				20. AUTO	PSY?
EDIC	21A. ACCIE HOMICIDE				ACE OF INJURY (e. g. farm, factory, street, office bldg			Baltimore	City, give of	exact locatio	n)
Σ	ID. TIME F INJUR		(Day) (Year		21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK	E	O YAULNI C	CUR?			
	22. I here deceased		4 1	tended the	deceased from and that death occ	8 - 8 3195 urred at 5 3 m.	7, to 8	-15 auses and	on the do	at I last so	above
	23A. 8IGN	MS	orhai	ee_	м. р.	Hankle ERY OR CREMATORY	50 1 240. VDCA	Horp	10WD 07 00	- (5 -	IGNED
TI	REMOVAL	(Specify)	8/18/	51	REAL TE	deemer	441	0 Be	lair	RL	
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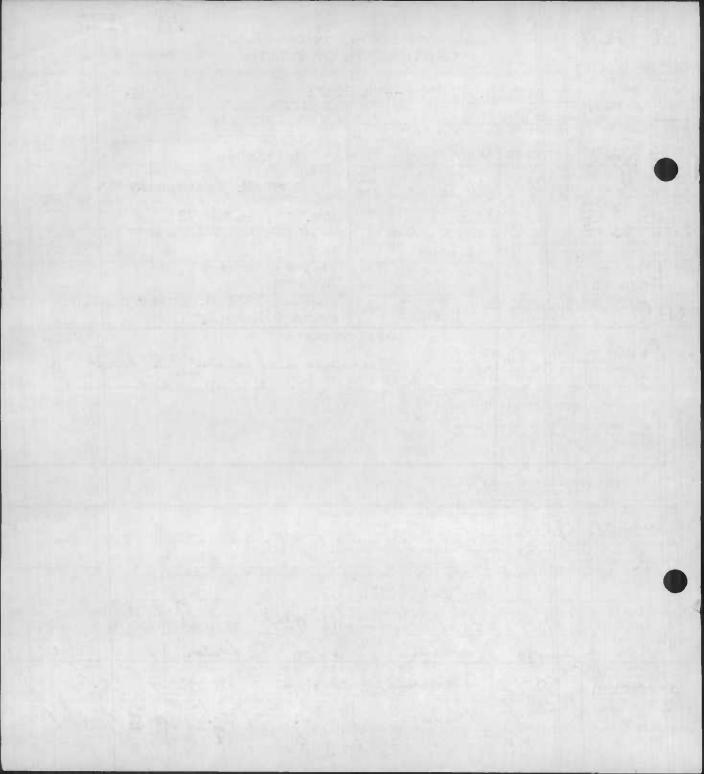
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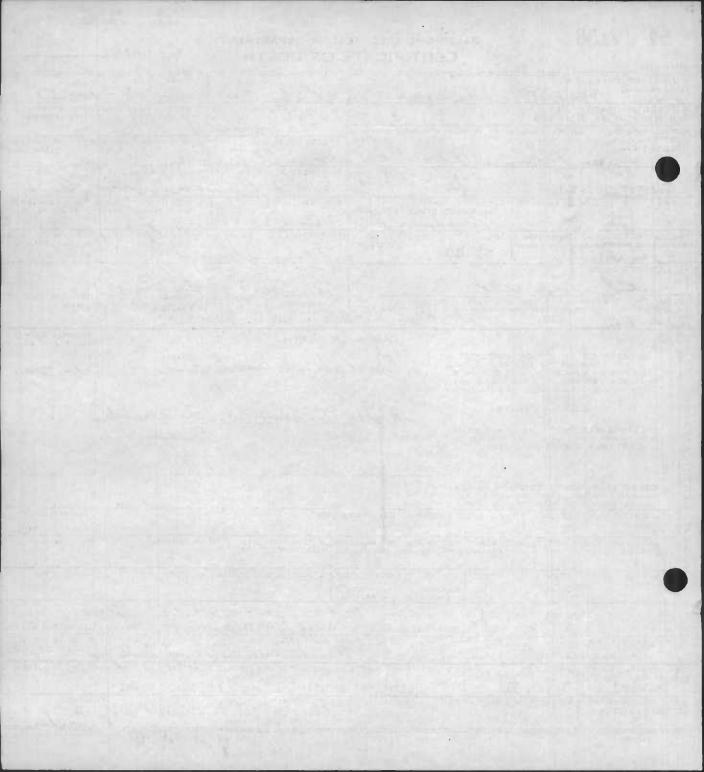
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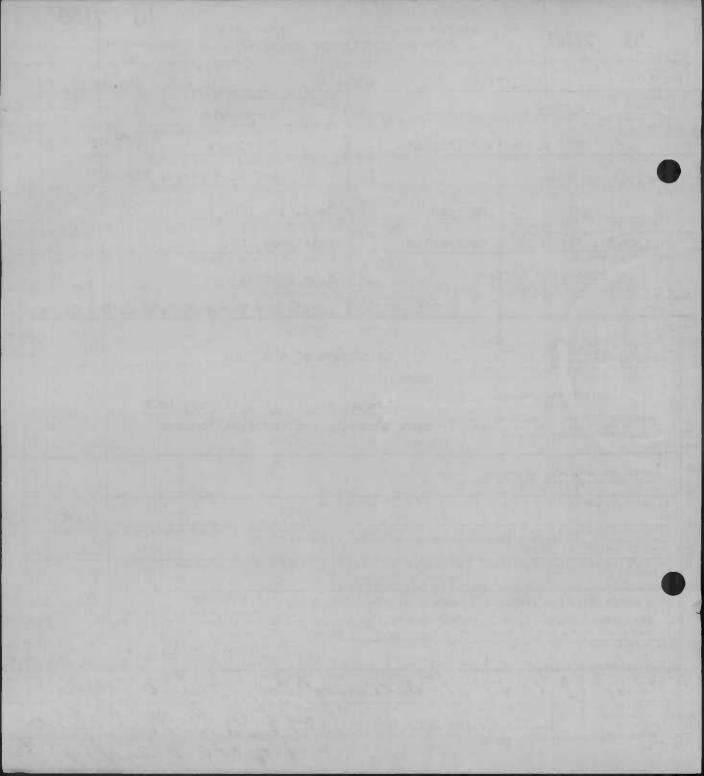
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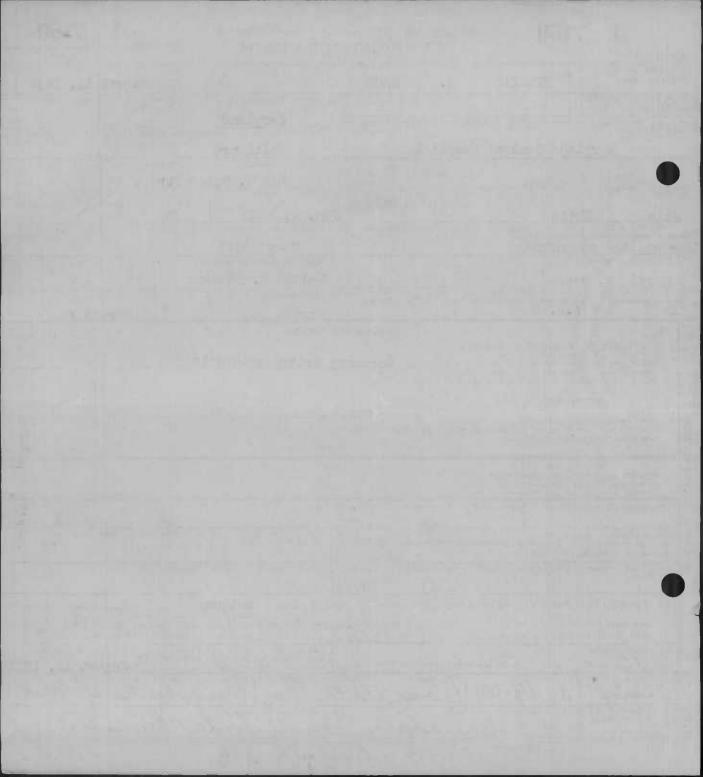
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155						51	7159
51 BIRTH NO.	7159				ALTH DEPARTMENT E OF DEATH	Registered	
1. NAME OF D (Type or Print)		LLIAM	C.	HOFE	MAN	2. DATE OF DEATH Aug	ust 16, 1951
3. PLACE OF D	EATH: City, Maryland				4. USUAL RESIDENCE (Where deceased lived, It	
B. FULL NAME HOSPITAL OR INSTITUTION	OF If not in hospita			address or location)	Maryland C. CITY OR TOWN		ts, write RURAL and give
10.0	227 S. St	ricker	Street		Baltimo		- Q3 township)
	tay in Baltimore			Yrs. Mos. Days		f rural, give location) Stricker Stre	et
Male	6.COLOR OR RACE White	Mari	e. MARRIED. red, DIVORCE ried	ED (Specify)	Sept. 12, 1881	69	If Bider ! Year on the Days Hours Min.
work done during most of Lamp.	CUPATION (Give kind of of working life, even if retired) lighter		ractor	NDUSTRY	Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		0.0	2	7 Lya	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASE	nristopher Ho	FORCES?	1 16. SOCIAL		Anna Headley		
(Yes, no or unknown)	(If yes, give war or dates	of service)	SECURI 217-01-1	TY NO.	Lottie May Wor		Raltimore St.
Z DISEASES	ANTECEDENT CAUS ON CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA:	ES ANY, GIVIN	(B)	******************	cases to left kid	************************************	
OTHER S	IGNIFICANT CONDITION TO THE DEATH, BUT I	NOT RELATE	D				
U 19A. DATE O	F OPERATION 19	B. MAJOR	FINDINGS	OF OPERA	TION		20. AUTOPSY?
UNDERLYING	IAL CAUSE WAS G OR CONTRIB- AUSE OF DEATH		CE OF INJUI		or 21c. WHERE DID (c.) INJURY OCCUR?	If in Baltimore City,	yes X No give exact location)
2 1D. TIME ()	Month) (Day) (Year)		HILE AT WORK	OCCURRE NOT WHILE	D 21F. HOW DID INJUR	Y OCCUR?	
22. I certif	y that I took charg	ge of the	remains des	scribed at			_ thereon and from
and dec	ath in my opinion z	said Auto	psy, Inspect	tion or In	Autopsy, iquiry, find that said d X, accident , suicide	Inspection or Inquiry leeeased dicd on the property of the pro	re day stated above, undetermined [].
23A. SIGNAT	REMA- 248, DATE	1 2	4C NAME OF	M.I		FYAMINER X	ugust 16, 1951
TION REMOVAL (SI	Pegify) 8-18-	1	1)al	ten	ion En	allo	nix
LOCAL REGISTE			Miana,	1 / m	25 FUNERAL DIRECTOR	B.M. G	ADDRESS
V S 151		7903	244 57	0471	ol Prati	1 Peter	15/13





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20 1 THE REPAREENS ON PR. ME EAST CHOOSE 1. 222 4 LA WEAR SHEET STORY THE VEHICLE MARKED for the second THREE SHEW COMMEN were to Diversity SARRAGE DISTRICT Many Three son y straight ensity felling sitering 13 M Carp 63 10 Has 12 Start E Marchine of 1919/31 BANGE TO THE STANDARD BENEFIT WAS CARRESTED & ME FIX SIX CARLOS DIVINESSESSES

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location) Mos. c. Length of stav in Baltimore Days 6. COLOR OR RACE 9. AGE (In years If Under 1 Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months Days Hours : Min. MARRIED 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY more 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DICEASED EVER IN U. S. ARMED FORCES?
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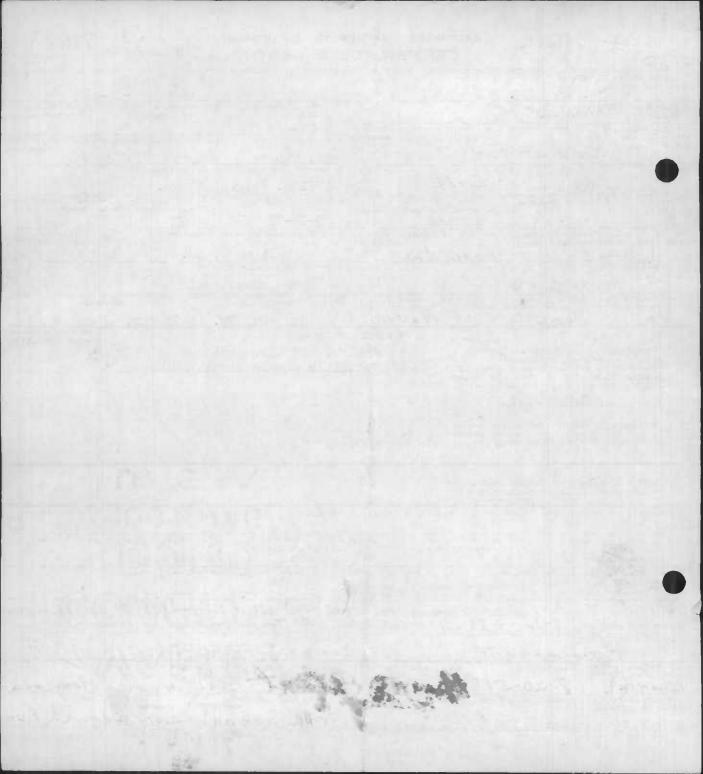
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BALTIMORE CITY HEALTH DEPARTMENT

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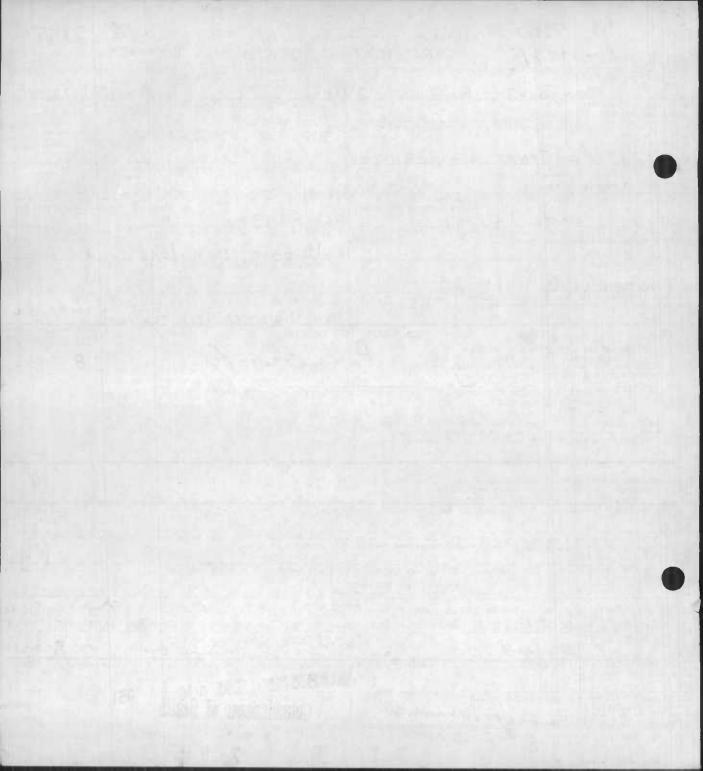
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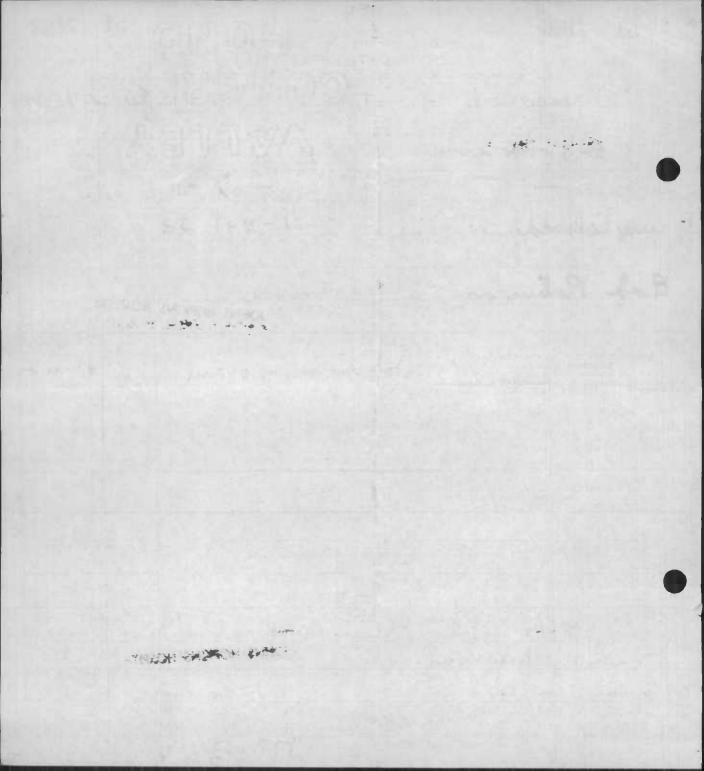
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24A. BU TION, REM	RIAL, CREM OVAL (Specif	A- 248. DATE y)		24c. NAME OF CEMETE	OHN HOPKINS MEDICAL SCHOOL	LOCATION (City, town, or o	county) (State)
AUG	TT195	REGISTRAR	s SIGNATU	liams, Mass	25. FUNERAL DIRECTOR	el Health 1951 AC	DDRESS
VS	150	- 444h	a Frederica	1 9 5	10007	15359	,0

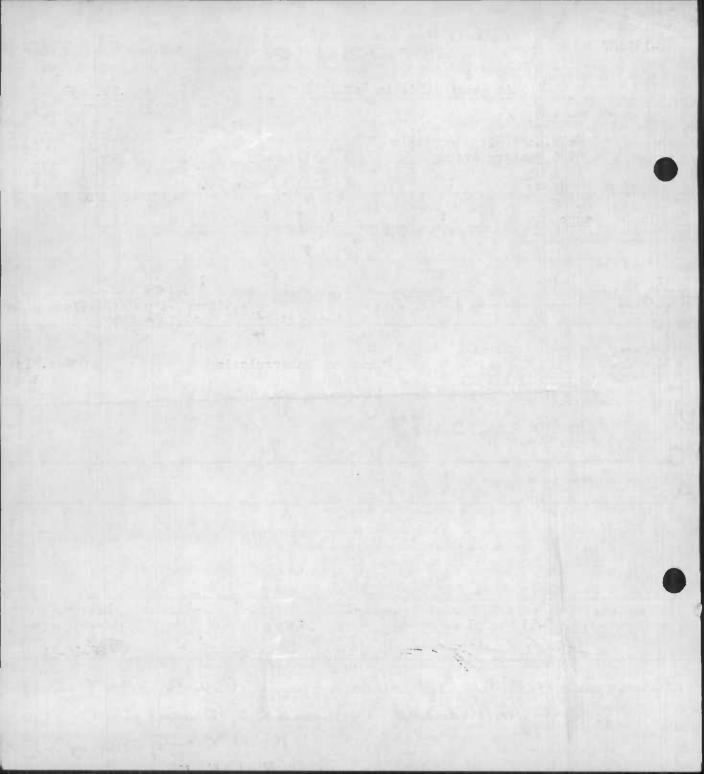


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BIRTH NO	CERTIFICATE OF DEATH Registered No					
1. NAME OF DECEASED (Type or Print)		115.+	1.	2. DATE OF	+1= 100	
3. PLACE OF DEATH: A. Baltimore City, Ma		V	A. STATE	DEATH CANCE (Where deceased lived, If B. COUNTY	institution: residence before admis ice	
HOSPITAL OR	VS HOPKINS HOS	tion, give street address o location		(If outside corporate limit	s, write RURAL and giv	
c. Length of stay in B	altimore	Yrs. Mos. Days	D. STREET ADDRE	ess (If rural, give location)	54	
5. SEX 6.COLO	R OR RACE 7. SINGLE WIDOW	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH		Under 1 Year nths Days Hours Min.	
TOA. USUAL OCCUPATION ork done during most of working life	ON (Give kind of 10B. KINI o, even if retired)	D OF BUSINESS OR INDUSTR		State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME	Colinson	~	14. MOTHER'S MA			
15. WAS DECEASED EVER II Yes, no or unknown) (If yes,	U.S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	OHNS HOPKINS HOSE	ll Mass	
(This does not mean heart failure, asthen	ONDITION DIRECTLY G TO DEATH n the mode of dying, e. a, etc. It means the disea	g., (A) Canci	of DEATH	overy	INTERVAL BETWEEN ONSET AND DEATH	
injury or complicat	ion which caused death	h.) DUE TO	0	9		
DISEASES OR CON RISE TO THE ABOVE UNDERLYING COI	IDITIONS, IF ANY, GIVII CAUSE (A) STATING T NDITION LAST.	(B) NG HE DUE TO (C)				
OTHER SIGNIFICA	II ANT CONDITIONS CO	N•				
	CONDITION CAUSING		PATION		20, AUTOPS 7	
A			KATION		YES NO N	
21a. ACCIDENT WAS LYING OR CONTR CAUSE OF DEATH	BUTING 218. PL about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21C. WHERE D		give exact location)	
P. TIME (Month)	(Day) (Year) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?		
	that I attended the		5-15 195/		, that I last saw th	
23A. SIGNATURE	4. Chapon		238. ADDRESS	from the causes and on the HOPKINS HOSPITAL	23c. DATE SIGNED	
	248. DATE aug 17.5%	M. O. 24C. NAME OF CEMET	ERY OR CREMATORY	Manning	or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR	EGISTRAR'S SIGNATI	Williams M.B.	25. FUNERAL DIR	ECTOR	ADDRESS	

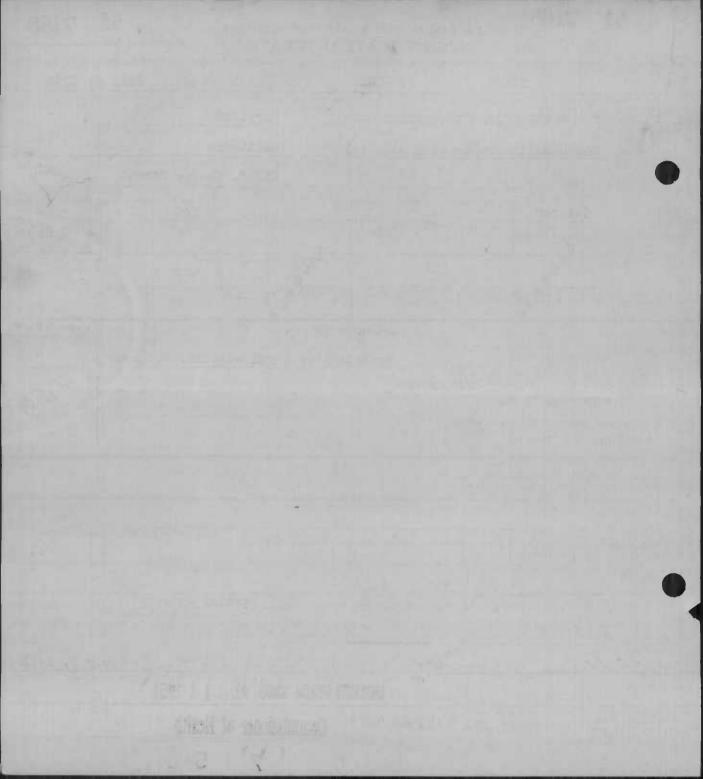


3	20						
10	32	51	7162.	TILLODE 0177/ 116	EALTH DEPARTMENT		
4	ND-15122	27	* A.UBAL	CEDTIEICATI	E OF DEATH	Registered	51 7167
В	RTH NO.			CERTIFICATI	E OF DEATH	aveg above eq	
	NAME OF D ype or Print)		ie Modu	s (Minnie Ma	rdist)	OF DEATH Aug.	.15,1951
	PLACE OF D. Baltimore C	EATH: City, Maryland			4. USUAL RESIDENCE (V		
	FULL NAME			on, give street address or location)	Maryland c. CITY OR TOWN (If	outsida uornansta limi	ita maia DITTAY 3 in
	STITUTION	Baltimore		ospitals	C. CITTOR TOWN (In outside corporate mints, write RORAL and give		
-		4940 East	ern Ave	Tiue Yrs.	Baltimore 2/-0/		
C.	Length of st	tay in Baltimore		? Mos. Days	1111 Briscoe S		
	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	II Under I Year It Under 24 Hours
F	emale	Negro	WIDOW	ED DIVORCED (Specify)	? ? ?	last birthday) M	lonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
	?	?			?	?	
(Yes	. WAS DECEASE s, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Balti	more City Ho	ADDRESSIS
	18. ^ ^			CALIFE	Records: 4940	Eastern Aven	IUE
	00	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEAT	TH	Pulmo	nary tuberculosis		8 Mos.Plus
	heart failu	re, asthenia, etc. It mea complication which c	ns the disease				
		ANTECEDENT CAUS		, 552 10			
Z				(B)			
2	RISE TO TI	OR CONDITIONS, II	STATING TH				
RTIFICATION	UNDERLY	ING CONDITION LA	ST.	(C)		•••••	
E	-	11					
T.		IGNIFICANT CONDI					
CE		TO THE DEATH, BUT					
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICA		ENT WAS UNDER . R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		lf in Baltimore City,	give exact location)
Σ	D. TIME (Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJURY	Y OCCUR?	
	INJURY		m. W	HILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the	deceased from 8-	11 , 1951, to	8-15 , 19	5] that I last saw th
	deceased al	ive on 8-15	_, 19_51 d	and that death occur	rred at 9:40pm., from t		
	23A. SIGNAT	TURE)	Chr		3B. ADDRESS		23c. DATE SIGNED
-	A DINDIAL C	J- U.		M. D.	4940 Eastern Aven	OCATION (City, town	8-16-51 n, or county) (State)
	A. BURIAL, C		0 ~ 2	AC. NAME OF CEMETE	INT OR CREMATORY 24B. L	CATION (City, rown	i, or country (State)
-	ATE RECEIVE	D BY REGISTRAR	S SIGNATU	in wich	25. FUNERAL DIRECTOR	axis n	ADDRESS
L	DCAL REGIST		C 16//5 1	auta M.	James 1 91	3, 1	
#	JG 1 / 19	31			Sauce & 1	June &	<i>a</i>
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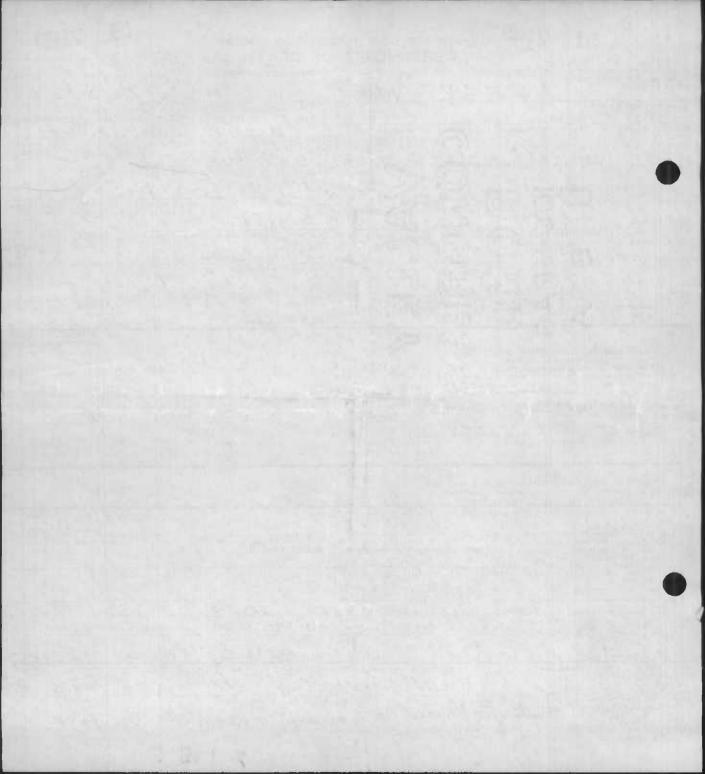


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A 13-2-	HEALTH DEPARTMENT SE OF DEATH Registered No
I. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of location institution) C. Length of stay in Baltimore C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify working life, even if retired) 10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired) 13. FATHERS NAME	2. DATE OF DEATH A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) B. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min. FLO. 195/ 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
TS. WAS DECEASED EVER IN U.S. ARMED FORCES? Yee, no or unknown) 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Muleary, Morgaret 17. INFORMANT Wother OF DEATH INTERVAL BETWEEN ONSET AND DEATH Advantage Advantage OF Clays
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	roben and Domiting
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg. CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	No VES NO VES NO
22. I hereby certify that I attended the deceased from 8 deceased alive on 8/5, 1951, and that death occur 23A. SGNATURE AATE 24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify) 8-17-51 New CATheo ATheo 25. I hereby certify that I attended the deceased from 8 M.D. 24A. BURIAL, CREMA. 24B. DATE New CATheo New CATheo New CATheo 25. I hereby certify that I attended the deceased from 8 25. I hereby certify that I attended the deceased from 8 26. I hereby certify that I attended the deceased from 8 26. I hereby certify that I attended the deceased from 8 26. I hereby certify that I attended the deceased from 8 26. I hereby certify that I attended the deceased from 8 26. I hereby certify that I attended the deceased from 8 27. I hereby certify that I attended the deceased from 8 28. I hereby certify that I attended the deceased from 8 28. I hereby certify that I attended the deceased from 8 28. I hereby certify that I attended the deceased from 8 28. I hereby certify that I attended the deceased from 8 29. I hereby certify that I attended the deceased from 8 29. I hereby certify that I attended the deceased from 8 29. I hereby certify that I attended the deceased from 8 29. I hereby certify that I attended the deceased from 8 29. I hereby certify that I attended the deceased from 8 29. I hereby certification from 19. I hereby	15, 1951, to 8/15, 1951 that I last saw the urred at 3:15 pm., from the causes and on the date stated above. 23B. ADDRESS LIMING TO BE LOCATION (City town, or couppe) ERY OR CREMATORY 24D DOCATION (City town, or couppe) FRACE HER RES DATE SIGNED AVALCEM FRACE HER RES DATE MAN
VS 150 REGISTRAR REGISTRAR'S SIGNATURE VS 150	Thomas D' Kenny- INC. 600 Hollins Jr



BALTIMORE CITY HEALTH DEPARTMENT

51 71/0

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED JULIUS CO	4EN 2. DATE OF DEATH 8-17-51
B. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission
S. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 45/5 / White oad Yrs.	C. CITTOR TOWN (If outside corporate limits, write RURAL, and give lownship) D. STREET ADDRESS (If rural, give location)
Length of stay in Baltimore So Mos Days	
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Indian 24 Rous In thinks) Months Days Hours Min.
OA. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
IS. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Vilida
('es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Moses oken dame
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) DUE TO	of DEATH rebral Hemorrhye Resultant diovasculas Appetensis Die Yro.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY7
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg	in or 21c. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY m. WHILE AT NOT WHILE AT WORK	
deceased alive on 10 1951, and that death occur	rred at 2 m., from the causes and on the date stated above.
23A. SIGNATURE Morrison, D. 2	11 C. Gast St 230 DATE SIGNED
Turial 8-17-47 Nebrew J	oung new Edito Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE	fact heurs he 2100 betowle

007150093d

Janne Rose D S. Sales

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE ARRY KNIGHT (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION HOSPITAL Yrs. (If rural, give location) Mos. c. Length of stay in Baltimore HOLLINS Days 6. COLOR OR RACE 9. AGE (In years Ander I Year Il Under 24 Hours last hirthday) Months Days Hours Min. ED, DIVORO Singl 10 KIND OF BUSINESS OR IOA. USUAL OCCUPATION (Give kind of 12. CITIZEN OF State or foreign country) plife even If retired) WER IN U. S. ARMED FORCE 16. SOCIAL SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY DEHYDRATTON LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO STARVATION ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) CEREBRAL ARTERIOSCIEROSS 31

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?

about home, farm, factory, street, office bldg., etc.)

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

WHILE ATT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from 8-12deceased alive on 5 - 16 , 1957 . and that death occurred at 7 Am., from the causes and on the date stated above.

23B. ADDRESS

BURIAL, CREMA-24A. 24B, DATE 240 REMOVAL (Spenify)

, 19 St, to 5 16, 19 Sthat I last saw the

21F. HOW DID INJURY OCCUR?

(If in Baltimore City, give exact location)

20. AUTOPSY?

DATE RECEIVED BY LOCAL REGISTRAR

VS 150

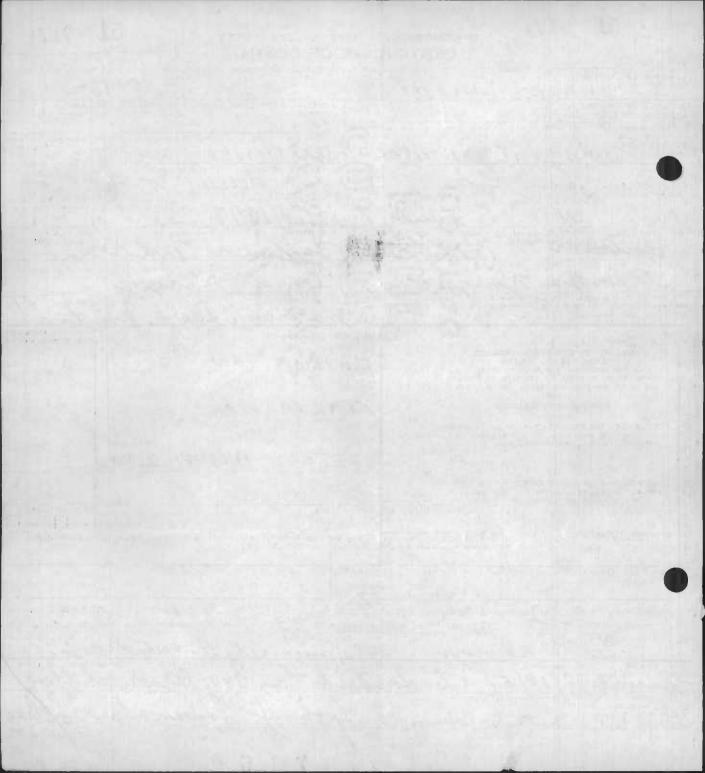
21A. ACCIDENT, SUICIDE,

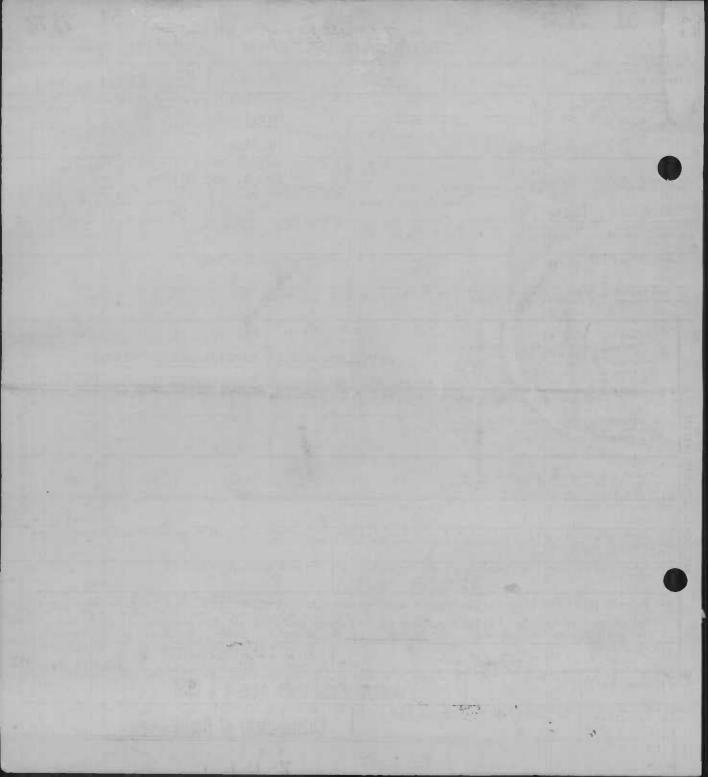
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HOMICIDE

INJURY

A PART SENTENCE AS





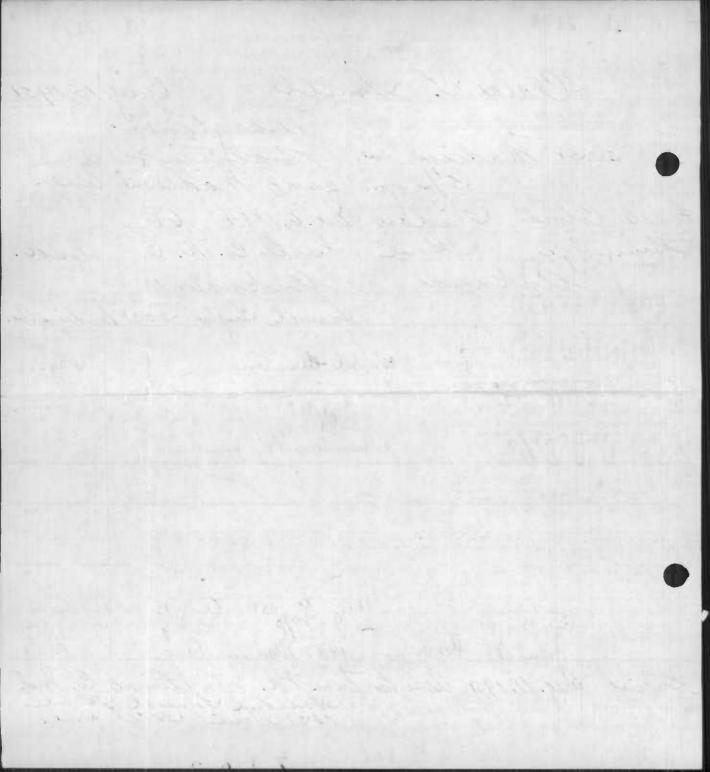
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

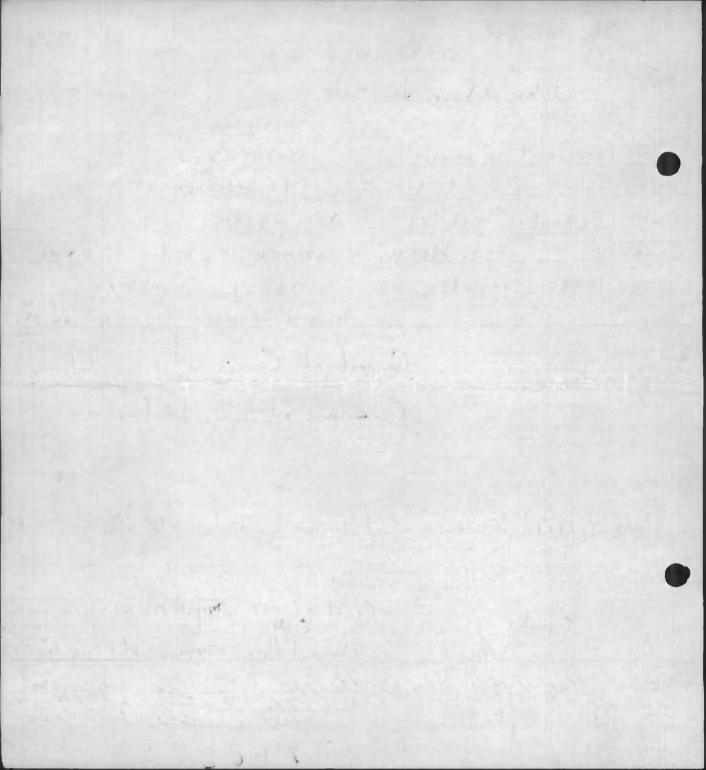
51 7173

Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE DEATHAUGUST 16 1951 JOSEPH WILSON BARNETT. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland BALTIMORE CITY. before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore HILL AVE. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | I Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF priodone during most of working life, even if retired) WHAT COUNTRY INDUSTRY Fabrur Retinant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknown) (If yes, give war or dates of service) 16. SOCIAL INFORMANT SECURITY NO. 2210 Dricia INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DEFORMANS MAY 8 1951. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) CHRONIC 1951. MYOCARDIAL CHANGES. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ARTERIOR SCLEROSIS. 1951. H OTHER SIGNIFICANT CONDITIONS CON-NONE. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY NONE NONE. DIC 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 21A. ACCIDENT, SUICIDE. (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT AT WORK 22. I hereby certify that I attended the deceased from MAY 8 to AUGYST 16, 1951, that I last saw the 1951 19 and that death occurred at 4. PM m., from the causes and on the date stated above. deceased alive on AUGUST 16, 51 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 3013 ST PAUL STREET. AUG 16 M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR

CL I STUBERLY AT THE REAL PROPERTY OF THE PARTY. . 6346 All the Communication of the progress Marie la participa de la compansión de l

		CE	PTIFICAT	E OF DEAT	ГЫ	Registered No	
BIRTH NO.			IXIII ICAI	COI DEA	111		
1. NAME OF DECEA (Type or Print)	Clar	W	Sh	nith		DATE OF DEATH LUIS.	15.1951
3. PLACE OF DEATH				4. USUAL RESIL	DENCE (Where	deceased lived. I in	stitution : residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital	or institution, g	rive street address of	c, CITY OR TOW	IN Si outsi	de corperate limits,	write RURAL and give
202	38 M	adio.	en line.	13	a Helli	more 1	3-0 Stewnship)
			// Yrs.	D. STREET ADDI	RESS If rural	, give location)	0
c. Length of stay	n Baltimore	5	Days	2238	mas	dien	ane.
Female (ofor or RACE		ARRIED (Specify	Dec. 6. 10			hs: Days Hours: Min.
10A. USUAL OCCUP, ork despitating most of work	ing life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign	country) 1	2. CITIZEN OF WAT COUNTRY?
13. FATHER'S NAME		1		14. MOTHER'S M	AIDEN NAME	· · · ·	une.
	Mul	Enous	V	11.	Knee	~ /	
15. WAS DECEASED EV	ER IN U. S. ARMED yes, give war or dates r	FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	dil		ofess . n
18. 332	/		CAUSE	OF DEATH	Hayur	22381	INTERVAL BETWEEN
/	R CONDITION D	IDECT! V	CAUSE	OF DEATH	0		ONSET AND DEATH
(This does not heart failure, as	DING TO DEATH mean the mode of thenia, etc. It means plication which cas	dying, e.g., the disease,	(A) Corely	al Aircul	ks-Cs		10 days
			DOE 10				
ANT	ECEDENT CAUSE	5	(8)				
DISEASES OR	CONDITIONS, IF	ANY, GIVING	DUE TO A		***************************************		
UNDERLYING	CONDITION LAS	т.	(c) arlin	welleress,	SPLIENTE	Pred	?
			(0)		7	No.	
TRIBUTING TO	FICANT CONDIT THE DEATH, BUT N	OT RELATED					
19A. DATE OF OF	E OR CONDITION		DINGS OF OPE	PATION			20. AUTOPSY?
4	EKATION	b. MAJOR 111	1511103 01 01 1	TATION .			YES NO
21A. ACCIDENT LYING OR CO CAUSE OF DEA	NTRIBUTING	218. PLACE about home, farm, f	OF INJURY (e. g., actory, street, office bldg.	in or 21c. WHERE etc.) INJURY OCC		Baltimore City, giv	
	h) (Day) (Year) (Hour) 21E.	INJURY OCCURE	ED 21F. HOW DI	ID INJURY OC	CUR?	
INJURY		nı. WHILE	NOT WHILE				
22. I hereby cer	rtify that I atte	nded the dec	eased from U	ug 9 195	I, to Cli	4-15, 195/	that I last saw the
deceased alive	on Chay 15,	1927 and	that death occu	rred at 2 9p n	n., from the co	adses and on the	date stated above.
23A. SIGNATURE	Jan 10	8 . Ca	W , M.D.	142) Ma	Liser C	line	8 16. 1
24A. BURIAL, CREM TION REMOVAL (Specific		1951 /	NAME OF CEMETI	ERY OR CREMATOR	Y 24D. LOCA	Chinel	County) Istate)
DATE RECEIVED BY	REGISTRARIS	SCHATURE	· · · · · · · · · · · · · · · · · · ·	35 FUNERAL DI	RECTOR,	allel N	The se
LOCAL REGISTRAN	" HARLELL	ELTY /YHU	dutist, Ala	or nece	The contract	11100	0



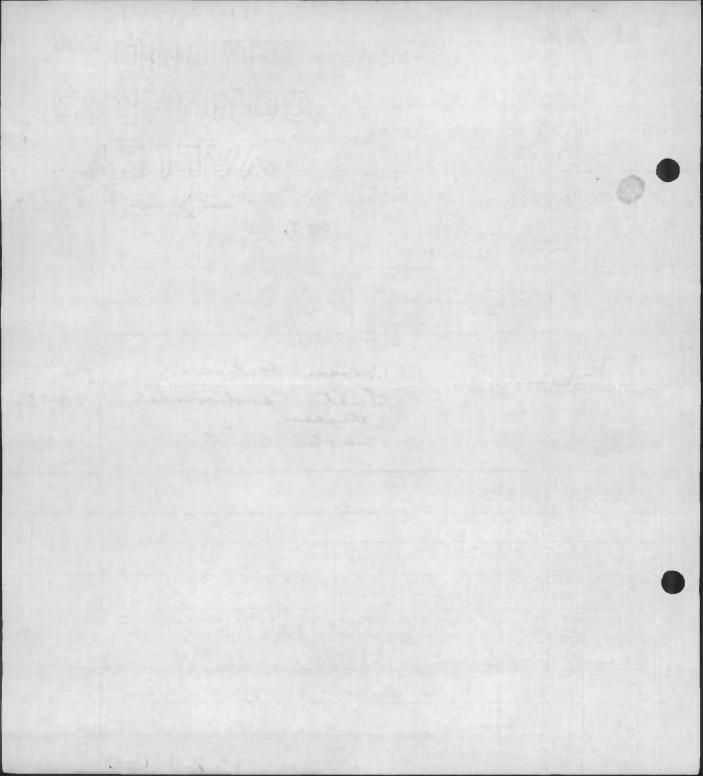


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7176 Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	a assistance	2. DA OF	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospite HOSPITAL OR INSTITUTION 14. JOSEPH MO	al or institution, give street address or	4. USUAL RESIDENCE (Where deed A. STATE B.	TH AUC 10, 10 pased lived. If institution: residence COUNTY before admission prporate limits, write RURAL and give township.
0	Yrs. Mos.	D. STREET ADDRESS (lf rural, giv	
c. Length of stay in Baltimore	Days	3003 Tomewool	9-08
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		(In years H Under Year H Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, oven if retired)	10B. KIND OF BUSINESS OR Yellon Tal CINDUSTRY	11. BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Frank S. T. Sch	wartza	Catherine J. Camphe	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which examples of the complex of	(C)	oney beclusion etic Cardiovos liseour velic Centilis	ang 16, 45? cular 1945? 1945
TO THE DISEASE OR CONDITION	CAUSING IT.		
19a. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPER		YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B, PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	imore City, give exact location)
O. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		77
22. I hereby certify that I att deceased alive on 29; 23A. SIGNATURE	, 1957, and that death occur	red at 3 P. m., from the eduse 3B. ADDRESS 848 W 36 H	c, 195, that I last saw the sand on the date stated above. 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION	(City, town, or county) (State)
30/20/5	ew Cottedr		
	s SIGNATURE	Vim Lukner Sons	Ballo md.
VS 150	322,0	A 0000 70	1364



51 7177 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF 173 REYALD DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION DAINEARIL Raltimore Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH

(If outside corporate limits, write RURAL and give o. STREET ADDRESS (If rural, give location) 2865 Maryland Ave. Arbutus 9. AGE (In years M Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) April 28 1970 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dans during most of working life, even if retired) INDUSTRY WHAT COUNTRY Perins neinear Steamship-Transn. Belto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Fitzgerald Louise Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no nr unknown) (If yes, give war or dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no nr unknown) SECURITY NO. Mr. Welter Titzmereld Jr. Above 18. INTERVAL BETWEEN 300 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W. CETEBral Thromb OSIS. (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Submits bracking Endocarditis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11

21F. HOW DID INJURY OCCUR?

a Marine

TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION

TRIBUTING TO THE DEATH, BUT NOT RELATED 19A. DATE OF OPERATION

OTHER SIGNIFICANT CONDITIONS CON-

218. PLACE OF INJURY (e.g., in or 21c. WHERE DID

21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH

INJURY OCCUR?

p. TIME (Month) (Day) (Year) (Hour)

about home, farm, factory, street, office bldg., etc.)

2 IE. INJURY OCCURRED

C. Fit ague

22. I hereby certify that I attended the deceased from_

1951, to 8/16 deceased alive on \$16, and that death occurred at 5:10km., from the causes and on the date stated above,

23B. ADDRESS Unu. Hosp. 24c. NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county)

23c. DATE SIGNED

(State)

19 that I last saw the

20. AUTOPSY

before admission)

Buris DATE RECEIVED BY LOCAL REGISTRAR

INJURY

23A. SIGNATURE

DICA

24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify) 8-20-51 REGISTRAR'S SIGNATURE

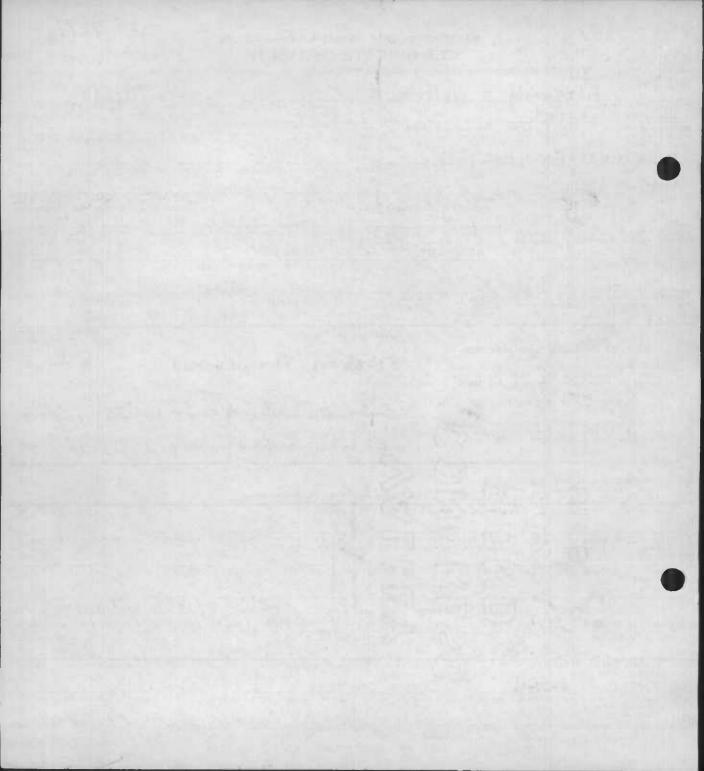
Loudon Pk. Com 25. FUNERAL DIRECTOR

ADDRESS

(If in Baltimore City, give exact location)

VS 150

Thurston Philippia, M. B.



	IRTH NO.	7178 F- 500	BALTIMORE CITY HE CERTIFICAT			51 Registered	7178	
('	NAME OF I		ael Fine		2. DA	_	gust 16,	1951
B. H	. PLACE OF I Baltimore FULL NAME OSPITAL OR NSTITUTION	City, Maryland	al or institution, give street address or location)	C. CITY OR TOWN	tinsburg (If outside	COUNTY	If institution	: residence ore admission
		stay in Baltimore	Yrs. Mos. Days	West Vi D. STREET ADDRI 216 W Race	ESS (If rural, gi	-	W. Va	
	.sex Male	6.COLOR OR RACE White	7. SINGLE, MARRIED, WHOWED DIVORCED (Specify)	June 4, 189	last	birthday)	If Under 1 Year Months Days	H Under 24 Hours Hours Min.
WOL	Junk Bus FATHER'S		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	.8.	untry)	12. CITIZ WHAT	EN OF T COUNTRY
	Charle	s Fine		Hannah Sch				
(Ye	o. WAS DECEAS	ED EVER IN U. S. ARMED (If you, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Bertha	Fine 216 V	Race	St Mart	insbur b
ERTIFICATION	(This doe heart failt in jury or DISEASE	SE OR CONDITION LEADING TO DEAT not mean the mode o ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY FH f dying, e. g., ns the disease, aused death.) DUE TO WHILE F ANY, GIVING STATING THE OUE TO	renter Renal	Cardio-	Toppe	Jan-	ANO DEATH
CERTIF	TRIBUTING	II SIGNIFICANT CONDI TO THE OEATH, BUT SEASE OR CONDITION	NOT RELATEO					
EDICAL	19A. DATE C	OF OPERATION 1	98. MAJOR FINDINGS OF OPER				20. A	NO P
MEDIC	21A. ACCID LYING 0 CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJURY (e.g., io about home, farm, factory, street, office bldg., et	or 21C. WHERE D	ID (If in Bal	timore City,	, give exact l	ocation)
-	D. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	D 21F. HOW DID	INJURY OCCUI	₹?		
	22. I hereb deceased a	live on \$7(6-	ended the deceased from 6. 1951, and that death occur	red at 1. 15 m., 1951.	from the cause	6, 192 es and on		ast saw the ated above. TE SIGNED
24 TIC	Burial (S Burial	Specify)	24c. NAME OF CEMETER 1951 Martinsburg W		West Va	(City, tow	n, or county)	(State)

VS 150

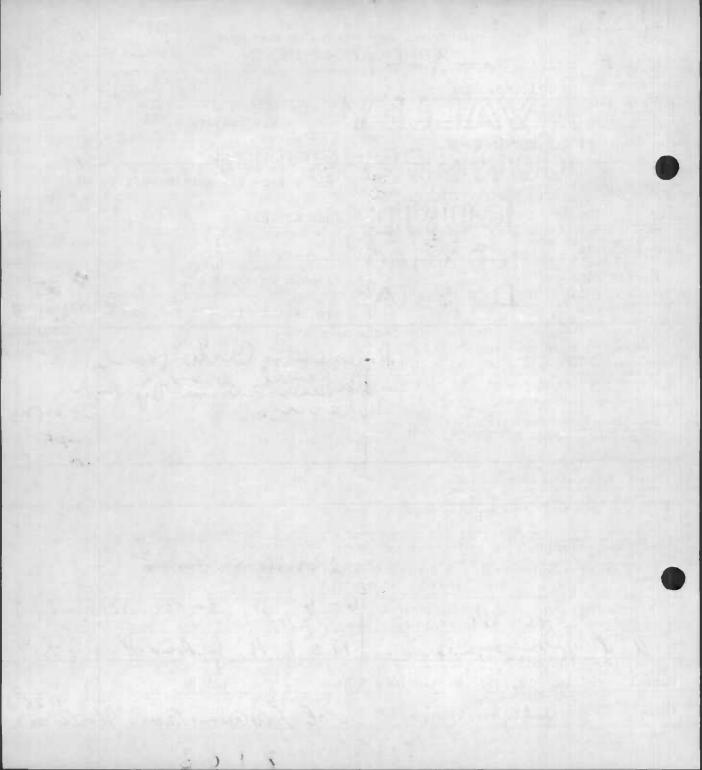
MEDICAL CERTIFICATION

REGISTRAR'S SIGNATURE

1 Line Line 1 Line 25. FUNERAL DIRECTOR

ADDRESS 1/26 W

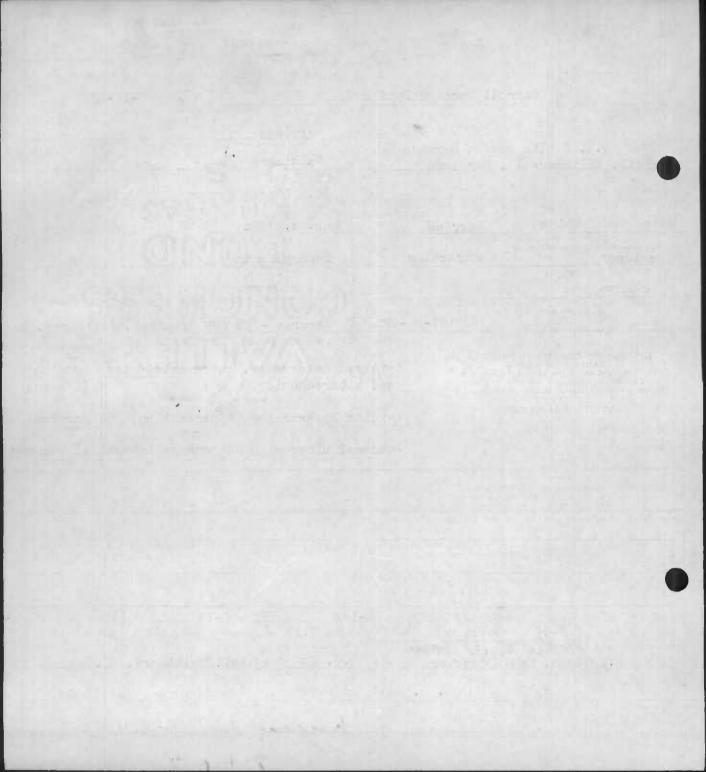
1 Line Line 1 Line 2 Line 2



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

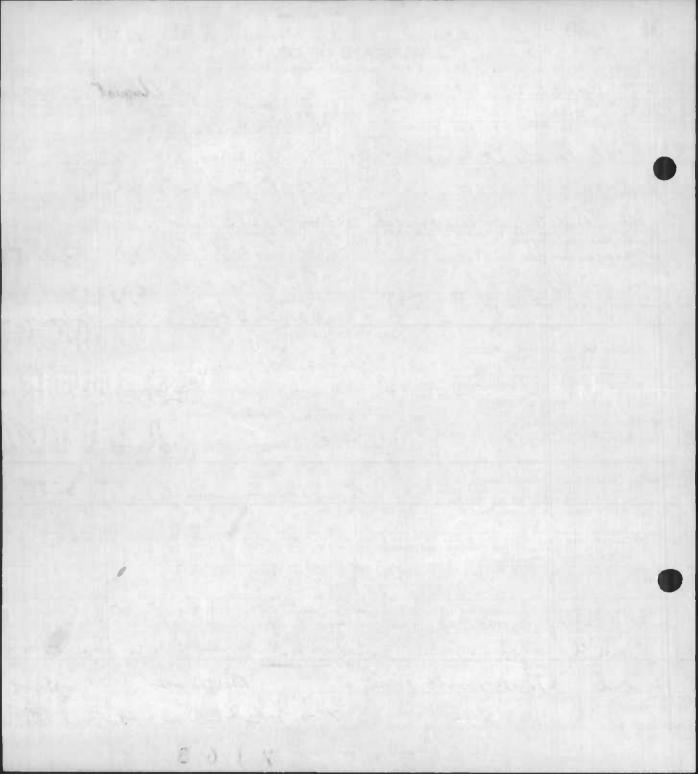
	ME OF DI r Print)	eceased Car	roll Be	rnard Davish		2. DATE OF DEATH 8-1	16-51
	CE OF DI				4. USUAL RESIDENCE	(Where deceased lived,) B. COUNTY	f institution : residence before admission .
		ity, Maryland OF (If not in hospit	al or instituti	on, give street address or	Maryland	B. 0001111	beine adminin
HOSPI'	TAL OR	U.S. Public		location)		If outside corporate lim	its, write RURAL and give
F		Raltimore 1			Baltimore		1/-04
	TA WALL	mar ur mor e	I mary	Yrs.	D. STREET ADDRESS (If rural, give location)	
c. Len	gth of st	tay in Baltimore		Mos. Days	1315 Linden A	venue	
5. SEX		6. COLOR OR RACE		MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under I Yesr If Under 24 Hours Ionths: Days Hours: Min
Ma	le	White	Mar	ried (Specify)	Aug. 4, 1892	59	iontus: Days Hours: Min
		CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
-)esign		Conti	racting	Pennsylvania		USA
13. FATHER'S NAME				CLUTHIP	14. MOTHER'S MAIDEN	NAME	
	Unkno	Win.		1605	Unkn own		
15. WA	S DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Ye		WW I	,	167-14-1982	Records - US	PHS Hospital.	Baltimore, Md
18.	Etl	/3 X .		CAUSE	OF DEATH		INTERVAL BETWEEN
CERTIFICATION	(This does heart failuinjury or DISEASES RISE TO TUNDERLY	E OR CONDITION LEADING TO DEA' not mean the mode of the asthenia, etc. It mean the mode of the complication which of the above cause (A) ING CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA IN	FH f dying, e. g n sthe disease aused death EES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	Cardia (B) Cardia Cardia Co (C) Duoden	al hemorrhage, i ubarachnoid c hypertrophy (h al ulcer with he	ypertention)	12 hours Unknown
	10	74					YES NO
Q LY	A. ACCID ING OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c. WHERE DID lote.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
0	INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	
22	. I hereb	u certifu that Lat	ended the	deceased from 8-	16 , 19.51, to	8-16	51 that I last saw the
		ive on 8-16	19251	and that death occur	rred at 7:17 A., from	the eauses and on	the date stated above.
23,	A. SIGNA	TURE VOKU	d.w	Mare !	38. ADDRESS		23c. DATE SIGNED
211	John I	REVAL 248 DATE	d. Dire		J.S. PHS Hospita		
	BURTAL (S EMOVAL (S Ourial	8/20/5]		U. S. Nation		211	Maryland
DATE	RECEIVE	D BY REGISTRAR	S SIGNATU		25. FUNERAL DIRECTOR		ADDRESS
\	VS 150			1 033 14	6 0 0 2	11-	76



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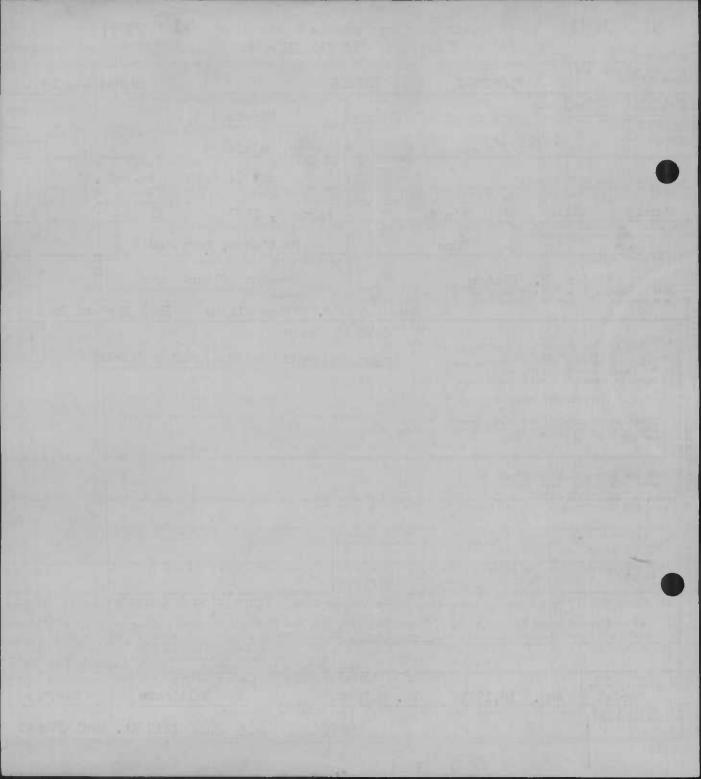
	BALTIMORE CITY HE	EALTH DEPARTME	ENT JI /10	U
BI	RTH NO. 18 S & CERTIFICATI	E OF DEATH	Registered N	0
	NAME OF DECEASED When or Print) BANDELL, CARRIE		2. DATE OF DEATH Augus	t 15, 1951
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE	CE (Where deceased B. COUNTY	nstitution: residence before admission)
B. HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR location)	C. CITY OR TOWN	(If outside corporate limits	, write RURAL and give township)
	L'I Yrs. Mos.	O. STREET ADDRESS	(If rural, give location)	
	Length of stay in Baltimore Days	2010 To a	nk Street	Mades 1 Mars. J. M. Hades 24 House
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	S. DATE OF BIRTH		under 1 Yest If Under 24 Hours https://doi.org/10.1001
10 work	A. USUAL OCCUPATION (Give kind of done during reloated working life, even if retired) INDUSTRY.	11. BIRTHPLACE (State	te or foreign country)	12. CITIZEN OF WHAT COUNTRYS
13	FATHER'S NAME	14 MOTHER'S MAID	EN NAME	4.8.00-
	John Keis	Unkn	awn	
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no ocunknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	Horae II. 10	Cobinson de
	18. 443 X CAUSE	OF DEATH	0	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) OUE TO	nal Insuf	Juine,	Days.
	ANTECEDENT CAUSES			
NOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	estin / deart	Farline	meeles
ICATI	UNDERLYING CONDITION LAST. (C) Hypert	inai-artigran	lente Cardinasus	5 Months
RTIFI	OTHER SIGNIFICANT CONDITIONS CON-	THAT I		
EF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ronchopn	emonia	Days
L	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
CA	214 ACCIDENT WAS LINDER 218, PLACE OF INJURY (6, g., i	n or 21c. WHERE DID	(If in Baltimore City, g	YES NO L
AEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c			ive exact location)
4	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY		NJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK			
	22. I hereby certify that I attended the deceased from Jan		to ang. 15, 195	
	deceased alive on 15, 1951. and that death occur	rred at 6.10pm., fr	rom the causes and on th	e date stated above
	23a. SIGNATURE U. Cohen M.O.	Loops. Per the h	somen of Md.	ang. 15, 1951
24	AA. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	RY OR CHEMATORY 2	24D. LOCATION (City, town,	or county) (State)
	Burial 8/18/5-1 Sb. Paul's) /	Baltimore,	Maryland
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIREC	0	ADDRESS OR

195100071680930



	51 7	The same of the sa	TIMORE CITY HE		W70	7181	
1	RTH NO.		CERTIFICATI	E OF DEAT		istereu ivo.	
	NAME OF DEC	FLORENCE	HINT	ON	2. DATE OF DEATH	August	16, 1951
	PLACE OF DEA Baltimore Cir			A. STATE	ENCE (Where decease		
H	OSPITAL OR	f not in hospital or institut	ion, give street address or location)	c, CITY OR TOWN	ryland (If outside corp	orate limits.	vrite RURAL and give
IN	STITUTION	3 S. Calhou	er st		Ltimore		township)
	Oath of sta	a in Dalti	Yrs. Mos.		S. Calhoun		19-03
5.			Days E. MARRIED.	8. DATE OF BIRTI	H 9. AGE (II	n year. If 8	fer I Year If Under 24 Hours
	Female	White Si	ingle (Specify)	March 8, 1	1870 8	31	ns Days Hours Min.
10 work	done during most of v	vorking life, even if retired)	OF BUSINESS OR INDUSTRY		State or foreign countr		2. CITIZEN OF WHAT COUNTRY!
13	Home . FATHER'S NA		one	14. MOTHER'S MA	nore, Marylar	Id	
		lliam H. Hinton		Roxanr	na Allen		
15 (Ya	NO OF UNKNOWN)	EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	J. Hilton	Miller 51		ord Road
	18. 477	-1-1	CAUSE	OF DEATH		and the second s	DNSET AND DEATH
	(This does not heart failure	OR CONDITION DIRECTLY LEADING TO DEATH not mean the mode of dying, e. s., asthenia, etc. It means the diseas omplication which caused death	e,	sclerotic ca	ardiovascula	r diseas	3e
	А	NTECEDENT CAUSES					
Z	DISEASES	OR CONDITIONS, IF ANY, GIVIN	(B)	***************************************	***************************************	***************************************	
ATIC	UNDERLYI	E ABOVE CAUSE (A) STATING TH NG CONDITION LAST.	(C)				
RTIFICATION		II SNIFICANT CONDITIONS CONTO THE DEATH, BUT NOT RELATE					CONTRACTOR STANDARDS TO SERVICE STANDARDS
CEF		EASE DR CONDITION CAUSING I		ATION			20 AUTOPSY?
_	ISA. DATE OF	OF ERATION TOB. MASOR	THOMAS OF SELL				YES ND X
EDICA	UNDERLYING		CE OF INJURY (e. g., in arm, factory, street, office bldg., e		OID (If in Baltimo	ore City, give	e exact location)
Σ	21D. TIME (M		VHILE AT NOT WHILE AT WORK	D 21F. HOW DID	INJURY OCCUR?		
	22. I certify	that I took charge of the	remains described a	bove, held an In	spection & I	nquiry	thereon and from
	the evide	ence obtained by said Auto h in my opinion resulted f	psy, Inspection or I rom: <u>natural eauses</u>	nquiry, find that	Autopsy, Inspection or said deceased dis suicide \square , homical	ed on the	day stated above, eternined
	23A. SIGNATU	RE	M.		EDICAL EXAMINER. EDICAL EXAMINER ESTIGATOR	TST .	ust 16, 1951
	A. BURIAL CR ON REMOVAL (Spe Buria	cify)	Mt. Olive		Baltimo		Maryland
	TE RECEIVED	BY REGISTRAR'S SIGNATU		25. FUNERAL DIR	ECTOR 12	17 St. I	DDRESS
V	S 151			Company Con	ole, I.a. 12:	3 1	1/
		4 8 5	1000		09	- 00	

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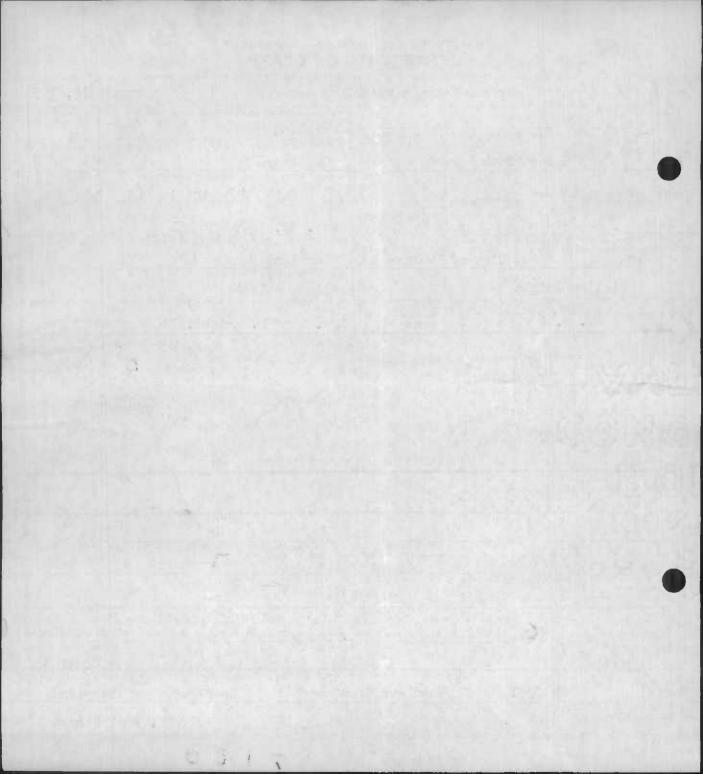


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_

BIRTH NO.						
I. NAME OF DECEASED (Type or Print)	rthur	Catlett Wrigh	t	2. DATE OF AU DEATH	gust 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	or instituti	ion, give street address or	4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived, B. COUNTY	If institution: residence before admission	
HOSPITAL OR	or maneue	location)		f outside corporate lin	nits, write RURAL and give	
330 East 2	8th St	reet	Baltimore		township	
		Yrs.	O. STREET ADDRESS (I	f rural, give location)		
c. Length of stay in Baltimore		Mos.	330 East 28th		12003	
	7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (in years)	It Under 1 Year It Under 24 Hours	
male white		ried (Specify)	Aug. 31, 1899	last birthday)	Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired)	OB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY	
	City c	of Baltimore	Maryland		WHATCOOKIKI	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
William Wright			Alice Catlett			
15. WAS DECEASED EVER IN U. S. ARMED F	ORCES?	16. SOCIAL	17. INFORMANT		ADDRESS	
(Yes, no or unknown) (If yes, give war or dates of W. I	service)	SECURITY NO.	Mrs. Anne M. Wr:	ight, 330 Ea		
ves			OF DEATH	7	INTERVAL BETWEEN	
DISEASE OR CONDITION DI	DECTI V	OAUSE .	OI DEATH	gorbus	ONSET AND DEATH	
LEADING TO DEATH		(,	munes !	Mortman	2 1/2 hour	
(This does not mean the mode of cheart failure, asthenia, etc. It means	the disease	е,		*****************************		
injury or complication which cau	sed death.	.) OUE TO				
ANTECEDENT CAUSES	S	16	1. 11.	-6 /	v.	
DISEASES OR CONDITIONS, IF A	DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) ST	TATING TH	E DUE TO		1		
UNDERLYING CONDITION LAST	•	(C)	***************************************	***************************************	***************************************	
Ü.						
OTHER SIGNIFICANT CONDITION	ONS CON					
TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION C						
19a. DATE OF OPERATION 19B		FINDINGS OF OPER	ATION		20. AUTOPSY/	
O SIL ACCIDENT WAS HARDIN	210 DLA	CE OF INDUSTRY (210 WHEDE DID	If in Daltinous City	YES NO	
LYING OR CONTRIBUTING	about home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	n or 21c. WHERE DID (stc.) INJURY OCCUR?	ii iii baitimore City	, give exact location)	
TIME (Month) (Day) (Year) (I	four)	2 IE. INJURY OCCURRI	ED 21F. HOW DID INJUR	Y OCCUR?		
INJURY	m.	WHILE AT NOT WHILE				
22. I hereby certify that I gitten	nded the	deceased from G	m 13 195 1to	any 16, 19.	I, that I last saw the	
deceased alive on 16,			relat & Am. from			
23A. SIGNATURE			3B. ADDRESS	. 11	23c. DATE SIGNED	
t. m Tulud	020	М. D.	2824 St. 10	nd It	Jung 17-31	
24A. BURIAL, CREMA. 24B. DATE	2	24c. NAME of CEMETE	RY OR CREMATORY 24D. L	OCATION (City, tow	vn, or county) (State)	
Burial 8/18/51		Woodlawn Cer	metery Wo	odlawn,	Maryland	
DATE RECEIVED BY REGISTRAR'S.	SIGNATU		25. FUNERAL DIRECTOR		ADDRESS	
LOCAL REGISTRAR	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wm. Cook, Inc.	1217 St. P	aul Street	
VS 150						
V5 150		3900	93 0 7 1 3	7 0 /34	a	
	- 1			V.		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Marshall. John Henry DEATH Aug. 16, 1951
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN MENTERNIK St. Joseph's Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1720 Belt St. Dava 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH II Under 1 Year 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. Oct. 19, 1875 Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Own Baltimore Meat Cutter 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Elizabeth Hofnagel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Family - Same No INTERVAL BETWEEN 18. 002x CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Possible miliary tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Williams lesions in lunes and all other ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA YES Y NO 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 22. I hereby eertify that I attended the deceased from August 8 ___, 1951, to Aug. 16 ____, 151, that I last saw the deceased alive on Aug. 16. 1951. and that death occurred at 8:35p m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OF CREMATORY 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Baltimore 8/20/51 Lorraine REGISTRAR'S SIGNATURE DATE RECEIVED BY 25 EUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150 130 East Fort Avenue 0

Bureau of Tuberculosis file M289 dated 11/23/51 in part: " Gross autopsy revealed miliary lesions in confirmed by microscopish erall - village

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 046 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Princeton Deroy McClure 8-16-51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give U. S. Public Health Service INSTITUTION Baltimore, Maryland Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 207 Zepplin Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Male Negro April 13, 1925 Single 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BIAER South Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Potts Joseph McClure 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Yes WW II Records, US PHS Hospital, Balto., Md. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Leiomyosarcoma of the bladder with 18 months (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. metastasis. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Terminal pneumonia Unknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID about home, farm, factory, streat, office hldg., etc.) INJURY OCCUR? 21c. WHERE DID (If in Baltimore City, give exact location)

CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

AT WORK 22. I hereby certify that I attended the deceased from Aug. 9 , 1951, to Aug. 16 , 19 51 that I last saw the

deceased alive on Aug, 16, 1051, and that death occurred at 4145 h., from the causes and on the date stated above,

23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

8-16-51 Ison, Medical Director M.D. Baltimore 11. Maryland 24A. BURIAL, CREMA TION REMOVAL (Specify 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B, DATE

1970990

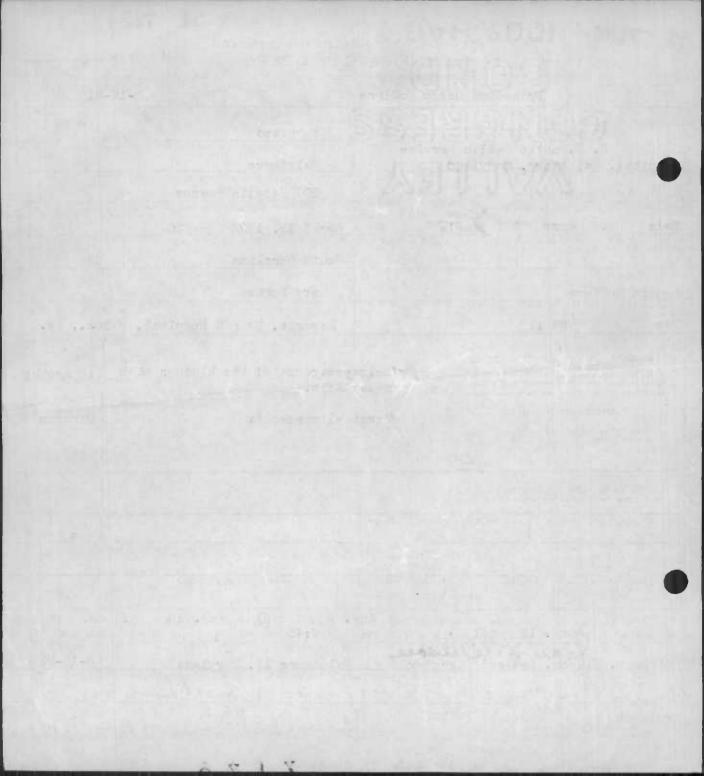
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

20. AUTOPSY

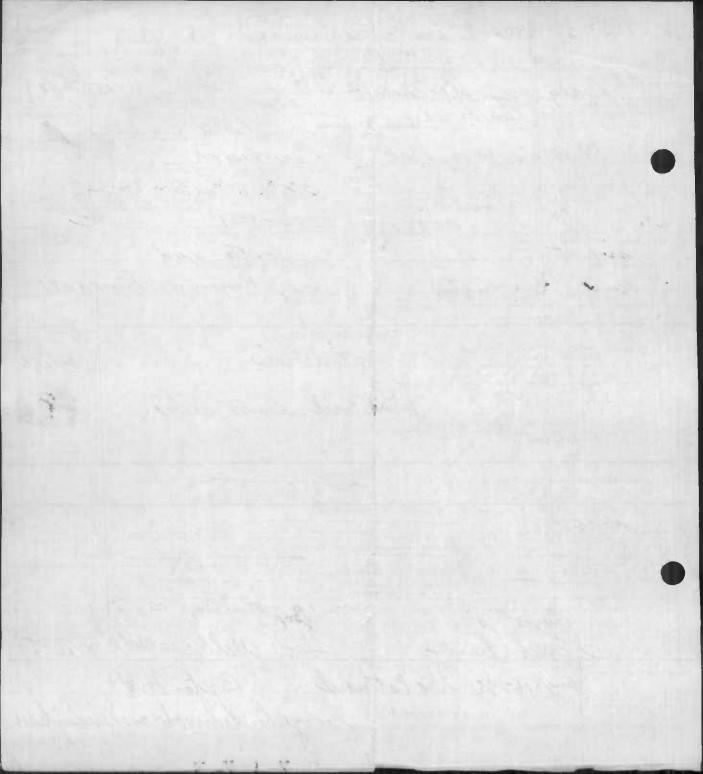
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51 7	185	511184	06 BAL	TIMORE CITY H	EALTH DEPAR	TMENT 51	7185	
BIRTH NO.	B.	630		CERTIFICAT			gistered No.	
1. NAME OF	DECEAS	aby Eve	len Go	1 Barrett	4	2. DATE OF DEAT	Y-15	-1957
3. PLACE OF A. Baltimor B. FULL NA	e City, 1	Maryland /	3a/4	muR ion, give street address o	A. STATE	DENCE (Where decea	sed lived. If inst OUNTY	itution : residence before admission)
HOSPITAL CINSTITUTIO	DR N	- Agne	. ,	location		(If outside con	rporate limits, w	rite RURAL and give township)
c. Length o	715	Baltimore		Trs: -Mos. Days	D. STREET ADD	RESS (If rural, give	location)	19-04
5. SEX		LOR OR RACE		MARRIED, VED, DIVORCED (Specify	8. DATE OF BIR	last bi		Year If Under 24 Hours Bays Hours Min.
IOA. USUAL.	nost of working	TION (Give kind of ag life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE	(State or foreign coun	itry) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER		n	21.7	1	14. MOTHER'S N	MAIDEN NAME	Ba	00.44
15. WAS DEC	EASED EVE	R IN U. S. ARMEI	D FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT	· · · · · · · · · · · · · · · · · · ·	ADDI	RESS
(This heart in jury	does not	CONDITION DEACHER CONDITIONS, I OVE CAUSE (A)	TH of dying, e. g ons the disease caused death SES F ANY, GIVIN STATING TH	DUE 10		ind neck		Adays
TRIBU'	TING TO T	II ICANT CONDI HE DEATH, BUT OR CONDITION	NOT RELATE	D				
	POP OP		19в. MAJOR	FINDINGS OF OPE	RATION		The Late	20. AUTOPSY?
21A. AC	CIDENT	WAS UNDER-		ACE OF INJURY (e. g., farm, factory, street, office bldg			more City, give	exact location)
	E (Month) (Day) (Year	_	21E. INJURY OCCUR	E	ID INJURY OCCUR	7	
decease	rcby ceri d alive of		tended the		ug. 13,19	51, to ang m., from the causes		hat I last saw the date stated above.
24A. BURIA TION, REMOVA			-1951	NAME OF CEMEN	ERY OF CREMATOR	Balta.	(City, town, or	county) (State)
DATE RECE LOCAL REG		REGISTRAR		THE HOLL , MIN	Swal A	BECTOR!	(2101 D	rederiel hrs
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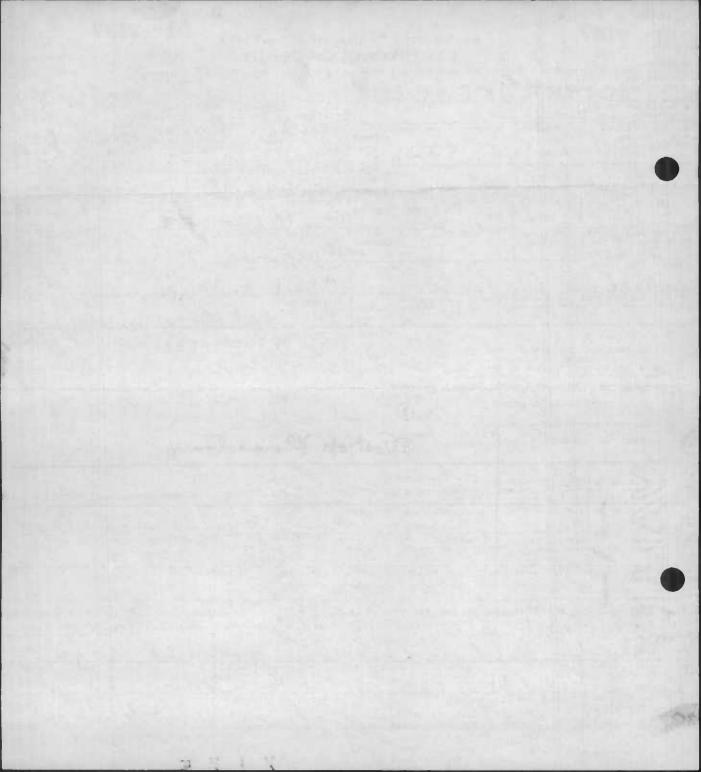


(3) 0- 560 BALTIMORE CITY HI	EALTH DEPARTMENT 51 '718	6
8	RTH NO. 51 7186 CERTIFICAT	E OF DEATH X Registered No.	
1.	NAME OF DECEASED Verone Patrick O'A	Ilara 2. DATE OF S-14	-195-1
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If insti	tution : residence hefore admission)
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wr	10.
11	ISTITUTION ST. Acros Hrabital	Continue of blace mines, we	township)
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore LITE Days	1/2. hunnery tran	2
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)		Days Hours Min.
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	Sept. 30,1882 68	CITIZEN OF
	doneduring most of working life, even if retired) John Beckeye & So	252	WHAT COUNTRY
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Villiam O'Meara	Mary	
(Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT Wilhelm ADDR	
_		rs. Margaret 112 Nunne	
	18. 2 37 X CAUSE DISEASE OR CONDITION DIRECTLY	OF DEATH Catonsville, Md	DESET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	hal many	2 men
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	the special control of	* *************************************
	ANTECEDENT CAUSES		
Z	(B)		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA	(C)		
TIF	OTUED CICNETONE CONDITIONS		
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Tal Oneumonetra	1 wh.
C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
CAI	7-9-512 Cleute engl	ammalon	YES NO
MEDICA	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
7	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
h	m. WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from		at I last saw the
	deceased alive on, 19, and that death occur		
	M. D.	3B. ADDRESS	C. DATE SIGNED
24	A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE		ounty) (State)
Parties.	urial Aug. 18/51 Woodlawn	emetery Woodlawn Md.	
LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	/ _ 7// . //	DRESS
_	AUG 1 / 1331	way H. With (201 Edmonds)	n Ave.
	vs 150	4	108

("# no amount

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) CLARA E. KEAGLE	2. DATE OF DEATH OLD 15, 451
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location institution)	Jud. Balto Cit
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	2830 houtskillo Tenece
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	Dec. 21-1886 64 (In years of Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during mont) of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY INDUSTRY 13. FATHER'S NAME	Daltimore, Mol
William a. Keagle	Mabel 7. Meck y
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO.	Mr Kabert Braman 2830 Terrace
18. S / X CAUSE	OF DEATH CHATTER ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ng als case 3 months
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	as any some
UNDERLYING CONDITION LAST.	-op. Heacolony
OTHER SIGNIFICANT CONDITIONS OF	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
17 10 10 511	RATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, form, factory, street, office bldg	
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby eertify that I attended the deceased from	195, to long, 15, 195 that I last saw the
deceased alive on 1951, and that death occur	m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED
John W. Joseph M.D.	Univ. Hospital aug. 15.51
24A. BURIAL, CREMA- HON REMOVAL (Specify) 8/18/5/ 124C. NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or counts) (State)
DATE RECEIVED BY REGISTRAN'S SIGNATURE AUG 181951	25 FUNERAD DIRECTOR S305 Harried Rd.
Vs 150	17)
5 1 (3 9 7 1 7 5 40



ERTIFICATION

DICAL

Lether in Document T to 51-7188 from Anst. Supt. - Medical Examiner Dr. R. S. Robers authorizing correction.

11/29/51 18

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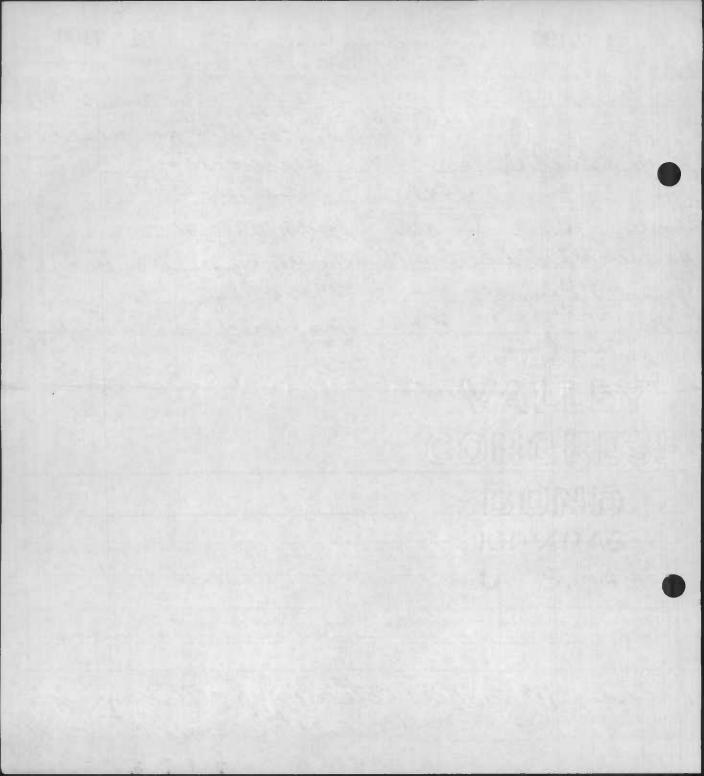
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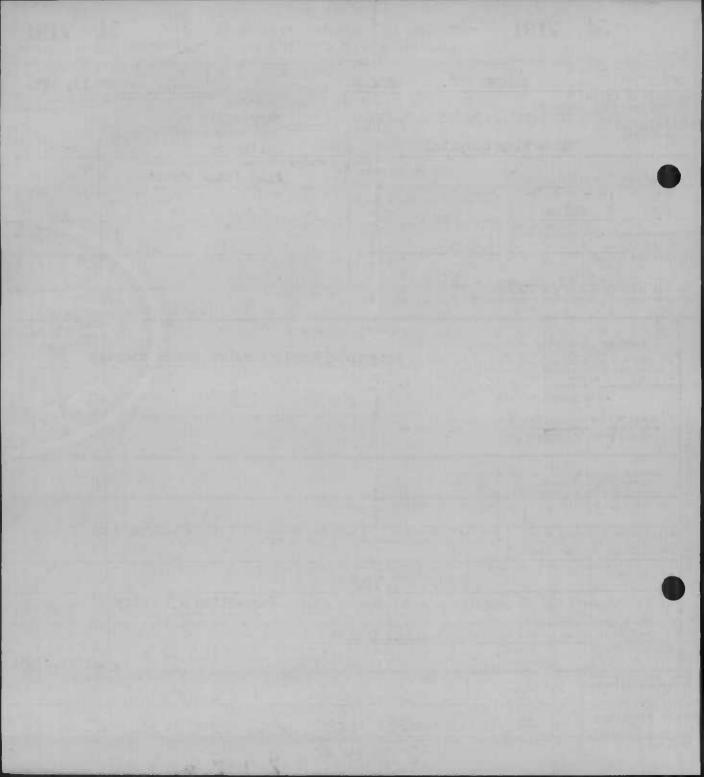
54 7489	o be apy	erved ?	y the m	edical Eggs	7189
7100	BAL	TIMORE CITY HE		W	1 2 (1)
BIRTH NO.		CERTIFICATE	OF DEATH	Registered :	No.
1. NAME OF DECEASE				2. DATE	1
(Type or Print) Mald	R. Owings			DEATH 810	121
a. PLACE OF DEATH: A. Baltimore City, Ma	aryland _		4. USUAL RESIDEN	NCE (Where deceased lived, In B. COUNTY	institution : residence before admission)
B. FULL NAME OF (III	f not in hospital or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside components limit	ts, write RURAL and give
South Baltin	0	111:11	PIL	(II outside cur porate illili	township)
ZOUSKY DOLLIN	love bedevo	Yrs.	D. STREET ADDRES	S (If rural, give location)	
c. Length of stay in B	Saltimore	Mos. Days	1334 Hano	ver St.	
	R OR RACE 7. SINGLE	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	
Female Wh	ite May	ried	8/10	77	onths Days Hours Min.
10A. USUAL OCCUPATION ork done during most of working life		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			Virginia		
FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	
Robert Ga	ines		[argaret	Van Pelt	
15. WAS DECEASED EVER I Yes, no or unknown) (If yes,	give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
	none			gs 1334 Hanove	INTERVAL BETWEEN
18. 490 X	112 E 903	CAUSE C	OF DEATH		ONSET AND DEATH
LEADIN	ONDITION DIRECTLY	Pari	1.1 al 1	lower Colu	7
heart failure, asthen	n the mode of dying, e.g ia, etc. It means the diseas tion which caused death	е,	umonic.	war - war	· · · · · · · · · · · · · · · · · · ·
		., 602 10			
ANTECE	DENT CAUSES	(B) Rt. C	listrock	anlessie fran	Tue 10 days
	NDITIONS, IF ANY, GIVING THE CAUSE (A) STATING TH	G			
UNDERLYING CO	NDITION LAST.	(c) Herey	lensuie as	Verior ledol	i
		Liker	i deaca	DE CERTIFICATI	ON APPROVES
	ANT CONDITIONS CON				11 1/1
	DEATH, BUT NOT RELATE R CONDITION CAUSING I	T. Market Charles	marie arte		Villia Vahrabar
19A. DATE OF OPERA	ATION 198. MAJOR	FINDINGS OF OPER	attonice	CHIEF OR ASS	T. MEDICAL EXAMINER!
31. ACCIDENT WA	C 11NDED 218 PL	ACE OF INJURY (e.g., in	or 21c. WHERE DII		YES NO
21A. ACCIDENT WA LYING ☐ OR CONTR CAUSE OF DEATH		arm, factory, street, office bldg., e	(c.) INJURY OCCUR	7	D 2
21D. TIME (Month)	(Day) (Year) (Hour)	21E. INJURY OCCURRE		INJURY OCCUR?	Dala so.
INJURY		WHILE AT NOT WHILE	7000000	an mus.	fell on
22 I haraby contife	y that I attended the	desagged from 2	1051		that I last saw the
deceased alive on	t: 30 A.M.19	and that death occur	red at m	from the causes and on t	he date stated above.
23A. SIGNATURE			3B. ADDRESS	-1	23c. DATE SIGNED
1 her	alles he		213 hight	24.	18/18/81
TION, REMOVAL (Specify)		24c. NAME OF CEMETER		24D. LOCATION (City, town	, or county) (State)
	Aug. 18,1951		25. FUNERAL DIRE	Prederick Ave	Palto Md.
LOCAL REGISTRAR	REGISTRAR'S SIGNATE	William I			
16 [8 [95]		THURSDAY, M. TO	MAUSE FUR	ERAL HOME 1216	S.Charles St
VS 150			6%	-1 172 173	101
1 - 8	20.0	1 9 5	000	7 1 1 1	1860

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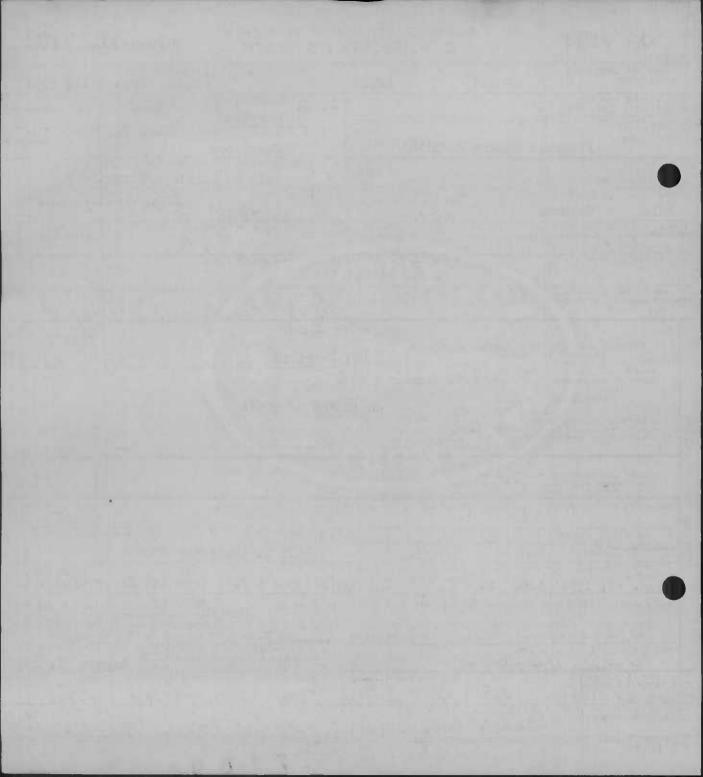
BALTIMORE CITY HEALTH DEPARTMENT

BI	BIRTH NO. CERTIFICATE OF DEATH Registered N	0
	1. NAME OF DECEASED (Type or Print) Dan O'Dannell 2. DATE OF DEATH AM	16 1951
Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland /200 Valley St. A. STATE A. B. GOUNTY	nstitution : residence
H	B. FULL NAME OF (If not in hospital or institution, give sect address or location) C. CITY OR TOWN (If outside corporate limits) (If outside corporate limits)	
1	Fittle Sisters of the Gare Yrs. O. STREET ADDRESS (If rural, give location)	township
	c. Length of stay in Baltimore 3 MAN. Days Occupant 19 AGE (In years) #1	
7	O. DATE OF BIRTH 19. AGE (III YEARS) IL	Under 1 Year H Under 24 Hours this Days Hours Min.
10	10A USUAL OCCUPATION (Givekind of 10B. KIND OF JUSINESS OR INDUSTRY) Advised for the state of t	12. CITIZEN OF
13	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	W.W. M.
Y es	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT AD AD SECURITY NO. 17. INFORMANT AD	DRESS
I	18. CAUSE OF DEATH	INTERVAL BOWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	2 CL
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
z	ANTECEDENT CAUSES (B) (Clerosis	4/10
A = 0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
7	(c)	
しによっ	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
FUIC	21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING 1 about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	ve exact location)
2	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
1	m. work AT WORK	/
	deceased alive on wg 16, 19 1, and that death occurred at 1/ 5 m., from the causes and on the	
	23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 1631 1631 1631	23C. DATE SIGNED
24 TIO	244. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, of the control of t	or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
	VS 150	maville
		a md.

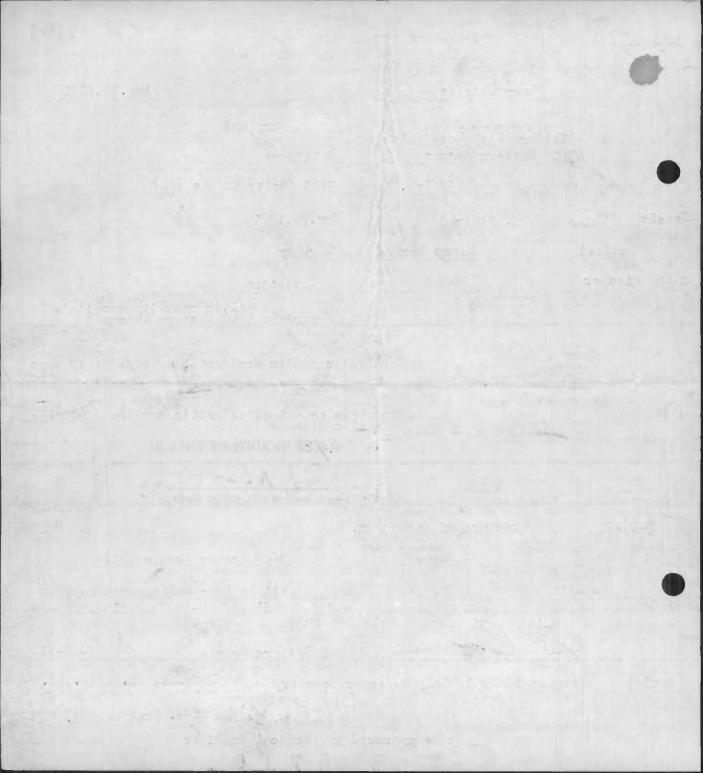




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51 7192 BALTIMORE CITY HEALTH DEPARTMENT Registered Reg							17	192				
ВІ	RTH NO.	11.0%			CERTIF	ICATE	OF DEAT	-H	Kegi	stered No.		LU/Au
	NAME OF D	ECEASED							2. DATE			
(T	ype or Print)		G:	EORGE]	LEWIS			OF DEATH	August	11,	1951
	PLACE OF D Baltimore		nuland				. USUAL RESID	ENCE (WI	ere deceased			esid nee admission)
-				al or institu	tion, give street a			yland	В. СО	ONIT	perore	aumission)
H	SPITAL OR					1. 41. 5	CITY OR TOWN	N (If o	utside corpo	rate limits, w	rite RUR.	
2	16.	Fra	nklin S	quare H	Hospital		Bal	timore				township)
						Yrs. Mos.	STREET ADDR					6
C.			altimore			Days	161	1 W. St	aratoga	Street		7-93
5.	SEX		R OR RACE		E. MARRIED. WED, DIVORCEI		. DATE OF BIRT	Н	9. AGE (In last birt)	years fi Undo nday) Months	Days I	Under 24 Hours Lours: Min.
	Male		ored	8%	N910		6 -/2-	1924	27		1	
work	A. USUAL OC	CUPATIC of working lif	N (Give kind of e, even if retired)	10B. KINI	D OF BUSINES	S OR 1	1. BIRTHPLACE	(State of for	eign country	7) 12.	WHAT	OF COUNTRY?
	Lasor	14			Ser				V.C.			
13	. FATHER'S	NAME	2			1	4. MOTHER'S MA	AIDEN NAI	ME			
-			,				7					
(Yes	. WAS DECEAS	(If yes,	N U.S. ARMEI give war or date	FORCES?	16. SOCIAL SECURIT	TY NO.	WFORMANT	1- 4	,	ADDR	ESS	. 1
	NO						110.11/21	Tinst	Ly 410	11. (6)	les s	gr.
	18.	1000	6 1		C	AUSE O	DEATH	Y	+		IN ERVA	ANO DEATH
	DISEA	SE OR C	ONDITION			G) 33	0					
	(This doe	s not mea	n the mode of ia, etc. It mes	of dying, e.	g., (A)	SKILL	fracture		•••••••••			
			tion which									
		ANTECE	DENT CAUS	BES		Cantan	ion of hun	4 ~				
z	Contusion of brain DISEASES OR CONDITIONS, IF ANY, GIVING											
일	O RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.											
Q V					(C)							
RTIFICATION	OTHER	NONIELO.	II COMP	TIONS								
RT	TRIBUTING	TO THE	OEATH, BUT	NOT RELAT	EO							
CE	19A. DATE C		CONDITION		FINDINGS C	OF OPERAT	ION				20 AL	TOPSY7
			14/								YES X	
EDICAL	21A. EXTERI	NAL CAU	SE WAS		ACE OF INJUR			DID (If	in Baltimor	re City, give	exact loc	eation)
	UNDERLYIN UTING []	CAUSE C	OF DEATH.		Building	OHIOD BIGG., COO.	1507 W.		gton St	treet		
Σ	210. TIME	(Month)	(Day) (Year)		21E. INJURY	CCURRED	21F, HOW DIE	NJURY	OCCUR?		grou	ınd
	Aug. 1	1, 195	1 4:00	A.m.	WHILE AT WORK	AT WORK	Slipped &	fell	from 4t	th floor	wind	low to
	22. I certi	fy that I	took char	ge of the	remains des	cribed abo	ve, held an		Autopsy	ti ti	iereon	and from
								Autopsy, In	spection or	Inquiry		
	and do	ath in n	ly opinion	resulted ;	from: natura	l causes [accident X,	suicide [], homicie	$de \square$, unde	termine	$d \square$.
	23A. SIGNA	TURE	11/	N /			23B. CHIEF M ASSISTANT M			DC .	ATE SIG	NED
- 24	W U	leans	Wour			M.D.	MEDICAL INV	ESTIGATO	R	O Augu	and the second second second	, 1951
20	N. REMOVAL (S	pecify)	AB. DATE	20	24C. NAME OF	CEMETERY	OR CREMATORY	240,430	CATION (C)	ny, town, or e	QM	(State)
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LC	TE RECEIVE	RAR	EGISTRAR'			2	FUNERAL DIR	RECTOR	100	97	DRESS	12 2
+	Q 10 R 1			1 2/2 h	Williams,	MA VI	13/13/	9/1/1/1/	Man	11/11	MIDT	drik
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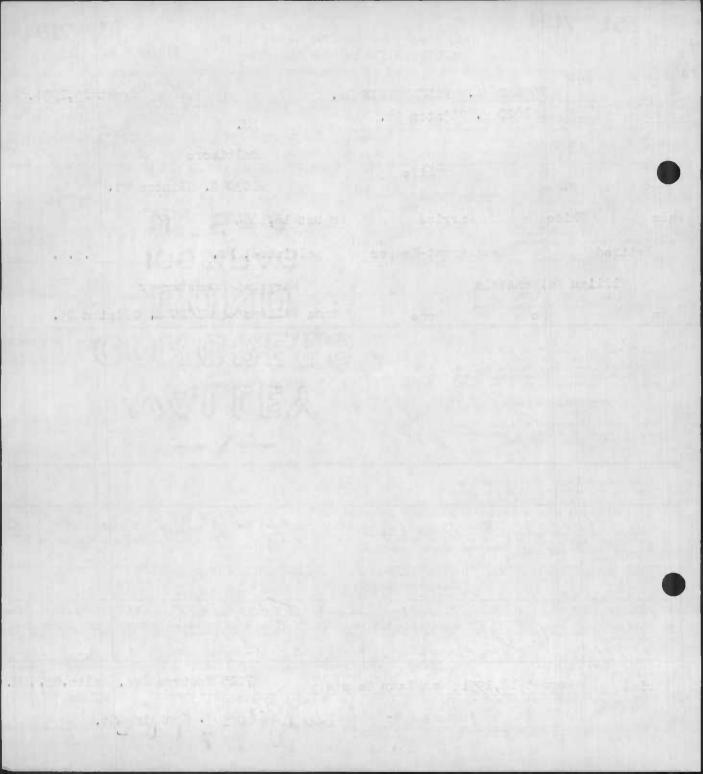
51 7193 BALTIMORE CITY HEALTH DEPARTMENT ND-150345 Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) Lucy Thiebes DEATH Aug. 14,1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mary land HOSPITAL OR Baltimore City Hospitals location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 57 Yrs. 3609 Foster Avenue (24) Days 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | H Under | Year last birthday) Months: Days Hours. Min. Widowed Nov.26,1881 Female 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired House Work Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Fischer Christine 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT City Hospitals Baltimore (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH 903.01 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cerebral vascular accident-left side 10 Days heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES 15 Yrs. ? (B) Hypertensive arteriosclerotic cardio-RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING vascular disease RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. BILLEY OR ASST. MEDICAL EXAMINER 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Fracture of neck of r. Hip YES X DICA 218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH Home 3609 Foster Avenue (24) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY floor NOT WHILE WHILE AT Fell at home - Slipped & fell to WORK 7-13 . 1951, to 8-14, 1951, that I last saw the 22. I hereby certify that I attended the deceased from____ deceased alive on 8-14, 19-51, and that death occurred a 8:45p m., from the eauses and on the date stated above. 23A. SIGNATURE 23B ADDRESS 23c DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 4430 Belair Rd. Balto., Md. August 18 1951 Holy Redeemer Cemetery ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Seeley 901 S. Conkling St. VS 150 Medical Examiner To be approved by 186a



BALTIMORE CITY HEALTH DEPARTMENT

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egis	stered No	
TE.	August 1	E 1057
TH	rugust 1	201721.

	CERTIFICAT	F OF DEATH Registered No.
BIRTH NO.	CERTIFICATI	E OF DEATH
1. NAME OF DECEASED (Type or Print) ROBER	RT A. FALKENSTEIN S	SR. 2. DATE OF DEATH August 15,1951.
3. PLACE OF DEATH: A Baltimore City, Maryland 102	20 S. Clinton St.	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
0.00	7 9 4 37	Baltimore 26// WMSMP/
Court of the Control De Date	Life Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	1020 S. Olinton St. 8. DATE OF BIRTH 9. AGE (In years Il Under 1 Year If Under 24 Hours
Male White	WIDOWED, DIVORCED (Specify) Married	August 16,1884 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork doos during most of working life, even if retired)	10s. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired	Restaurant-Keeper	Baltimore, Md. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William Falkens		Margaret Lundsberger
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or uokoowo) NO NO	FORCES? 16. SOCIAL SECURITY NO. None	Anna Falkenstein 1020 S. Clinton St.
DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which complication with the complication which we will be complicated by the complication with the complication which complication with the complication which complication with the complicatio	f dying, c. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE OUE TO ST. (C) TIONS CON-	c MeVastasey.
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1		RATION 20. AUTOPSY7
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
INJURY	WHILE AT NOT WHILE	
	m. WORK AT WORK	Live to Cl. Ale of the Color
22. I hereby eertify that I att		195, to Ungest, 195, that I last saw the
23A. SIGNATURE		rred atm., from the eauses and on the date stated above.
(OVI) ave I	Leoluea_ M.O.	3 Pr Bush w Cay 17-11
24A. BURIAL, CREMA- 248. DATE	24C. NAME OF CEMETE	
Burial August 1	18,1951 Oak Lawn Cen	netery 7225 Eastern Ave. Balto.Co., Md.
DATE RECEIVED BY REGISTRAR	s SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ALLE J. Zeile Ol S. Conkling St.
VS 150	290	6M 00007 052a



324	7195
IRTH NO.	

CERTIFICATE OF DEATH

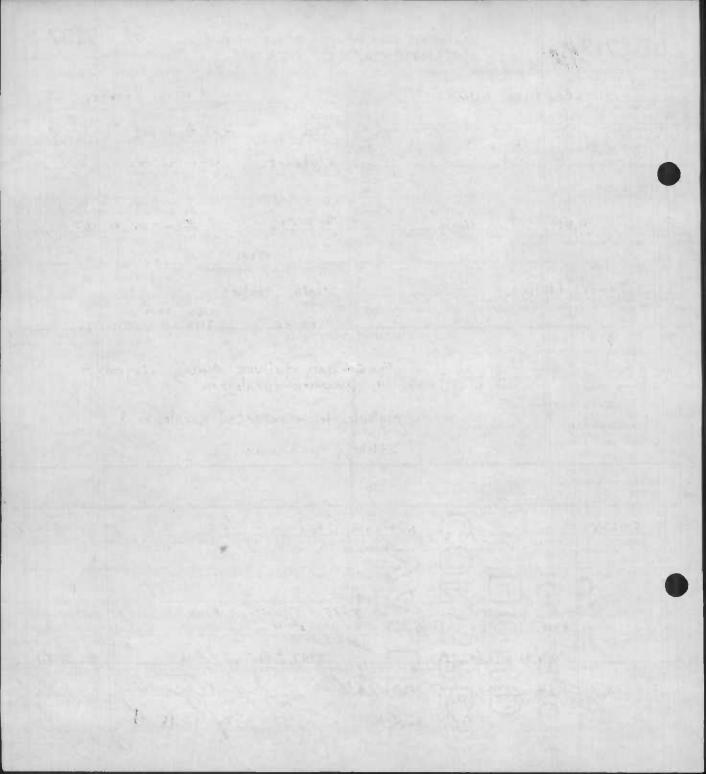
BIRTH NO.	E OF DEATH	
1. NAME OF DECEASED (Type or Print) ARCE/A	VOETZEL 2. DATE CLUB - 14-1	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4722 Delawark	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY Defore admiss	
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location INSTITUTION	c. CITY OR TOWN (If outside corporate limits write RURA), and towns	
V	Valle lely Mid.	
xrs. Mos. C. Length of stay in Baltimore	21.10	
5. SEX 6 COLOR OR RACE 7. SINGLE. MARRIED. WHOWED, DIVORCED (Specif	18. DATE OF BIRTH 9. AGE (in years) Under I Year Under 24	Hours Min.
10A. USUAL OCCUPATION (Givekind of rork dope during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State of Thementry) 12 CITIZEN OF	TRY?
13. PATHER'S NAME,	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17 INFORMANT ADDRESS WOOD	lad
18. CAUSE	OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	Sept 195	D
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	unth	
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. U	donnel carry & bran July 19	77
<u>(C)</u>		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OBSTATE OF TO THE OISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPE	RATION 20. AUTOPS	
21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg	, in or 21c. WHERE DID (If in Baltimore City, give exact location)	0 1
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	E	
22. I hereby certify that I attended the deceased from S	2pt 1 , 1950, to aug 14 , 1951, that I last saw	v the
	urred at 10 2 m., from the causes and on the date stated ab	
23A. SIGNATURE Journa M.D.	4843 Park Heights Hak 8/16/5	1
248. BURIAL, CREMA- TION, RIMOVAL (Specify) Aug 17-5	TERY OR CREMATORY 240. LOCATION (City, town, or county) (St	ate)
DATE RECEIVED BY REGISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS)
1116 1 8 1951	Honny Dyers 5005 Je Handle	e.
70 VS 150 2 GA	95 1 6 10 7 128231	

21 2536 De millon Foroman. 4840 Park Heights ane. . A The same

. (610		CERTIFIC	ATE CORRE	CTED <u>B-23-51</u>		
BI	51 RTH NO.	7196			EALTH DEPARTMENT	Registered No.	7196
1. (T	NAME OF E	LENI	9 50	HARF		2. DATE OF Aug	15-51
A. B.	FULL NAME	City, Maryland	ital or institution	aura O	4. USUAL RESIDENCE (NASTATE 3306	Hayway	(before admission)
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL a							township)
	Longth of	staÿ in Baltimore		Yrs. Mos.	D. STREET ADDRESS ()f	rural, give location)	7-17
	SEX.	6. COLOR OR RACE			8. DATE OF BIRTH 187		I Vear If Under 24 Hours
	F	W	MAN	DIVORCED (Specify)	Feb-6+++	last birthday) Month	B. Days Hours Min.
		CCUPATION (Give kind of of working life, even If retired		F BUSINESS OR	11.BRTHPLACE (State or f	oreign country) 12	CITIZEN OF
13	. FATHER'S	NAME	More	eurfl	14. MOTHER'S MAIDEN N	AME	u.v.+1.
		11. Com	mon		11 1000	in.	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMI (If yos, give war or date	ED FORCES? 1 tes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT MIS PLOSIS	ne dal	Jawarda
	18. Y	20.0		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION	ATH	O. F.	elect 11 + 1.		6 months
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Myocardial Decoupleusation.						6 money
7	ANTECEDENT CAUSES Some as above						
ATION	RISE TO	ES OR CONDITIONS. THE ABOVE CAUSE (A) STATING THE	DUE TO			
FICA				(c) Perchl	heral Boscular De	49040.	1 morth
CERTI	TRIBUTIN	SIGNIFICANT CONI IG TO THE DEATH, BU DISEASE OR CONDITION	T NOT RELATED	Lowe	e Estrenetes	Forgrene of	
_	19A. DATE		20. AUTOPSY?				
EDICA	21a. ACCID	If in Baltimore City, give	exact location)				
ED	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?						
2	ID. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?						
h	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 8/1/, 1951, to 8/15, that I last saw the deceased alive on 8/13, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.						
	deceased alive on 5/12, 1921, and that death occurred at 10.30 p.m., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED						
	B.B.	Brandon	m. D.	м. D.	2510 Pinebrus	Rd., City-9	8/16/5/ county) (State)
7 T	ON REMOVAL	CREMA- Specify	18.51	C, NAME OF CEMETE	A B	AA	Maria I
	ATE RECEIVE		R'S SIGNATUR	È	25. FUNERAL DIRECTOR	A A	DDRESS
	OCAL REGIS	That built	water No	liams, Mett	Foring Byers	15005 Ala	Mothe
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Dr R. R. Brandon. 2500 Pinbrush Rd. 703837

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	124	719751-02 DECEASED	BAI	TIMORE CITY HE	ALTH DEPARTME	INT 5.1.	7197		
P	IRTH NO.	51.00	129	CERTIFICATI	OF DEATH	Registered	No		
-	. NAME OF	DECEASED	80/			2. DATE			
	Type or Print)	Shinley Ma				OF -	16-61		
	PLACE OF	DEATH:	F		4. USUAL RESIDENC	E (Where deceased lived, I			
_	. FULL NAME	City, Maryland	al or institut	ion, give street address or	A. STATE	B. COUNTY	before admission)		
Н	OSPITAL OR	11	. O	location)	c. CITY OR TOWN	(If outside corporate limi	ts, write RURAL and give		
-	NSTITUTION _	mound	yay m	1 di Hespital	Tlabout	3 - 102 A	township		
			J-0	Yrs.	D. STREET ADDRESS	(If rural, give location)			
C.	. Length of	stay in Baltimore		Mos. Days					
5	. SEX	6. COLOR DR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	H Under 1 Year If Under 24 Hours		
	F	Negro	4.	ale	2-3-51	last birthday) Months Days Hours Min.			
10	DA. USUAL O	CCUPATION (Give kind of tof working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF		
		or working mo, even meetined/		INDUSTRY	Md.		WHAT COUNTRY		
13	3. FATHER'S	NAME			14. MOTHER'S MAIDE	N NAME			
	5	Tomes Nolcon			Viola Nolson				
15 (Y)	5. WAS DECEA	SED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
((01 001 1100)	SECORITY NO.	Wather	Blokest M	4)		
	18. 77	3.0		CAUSE (OF DEATH	Ilghart M	INTERVAL BETWEEN DNSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY								
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	heart fai.	lure, asthenia, etc. It mea r complication which c	ns the diseas		asumo oncephalo				
z	VAN	ANTECEDENT CAUS	ES	(B) Maluute	Him + rotand	red development			
Ō	DISEASI	ES OR CONDITIONS, IF	ANY, GIVIN	G		and make an entry to the transfer of			
AT		YING CONDITION LA			y unknown				
				(Co) success (to the success	N. C.				
RT	OTHER	SIGNIFICANT CONDI	TIONS CON						
H	TRIBUTIN	IG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D					
				FINDINGS OF OPER	ATION		20. AUTOPSY?		
AL	8-	16-41		Not com	pleted		YES NO X		
2		DENT WAS UNDER-		CE OF INJURY (e. g., in	or 21c. WHERE DID	(If in Baltimore City,			
Ē	CAUSE OF	OR CONTRIBUTING	about home,	arm, factory, etreet, office bldg., e	le.) INJURY OCCUR?				
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID IN.	JURY OCCUR?			
K	FINJURY			WHILE AT NOT WHILE					
	m. WORK AT WORK								
		22. I hereby certify that I attended the deceased from \$-15, 1951, to \$-16, 1954, that I last saw the deceased alive on \$-16, 1951, and that death occurred at 1.º Pm., from the causes and on the date stated above.							
	23A. SIGNA		., 19_9,		BB ADDRESS	om the causes and on t	23c. DATE SIGNED		
		9.5.	matea	IL M.D.	2407 Elian	an Alexa	8-17-51		
	4A. BURIAL,	CREMA- 240. DATE				D LOCATION (City, town			
111	ON, REMOVAL	-1111	19/14	John & Was	TRUU ON	VALOK Trush	1 m		
	ATE RECEIV	ED BY REGISTRAR	SIGNATO	RE .	25 FUNERAL DIRECT	QR)	ADDRESS		
L	OCAL REGIS	TRAR R 1951	to for	Williams 11 m	C/6/9/	whom in	11		
	VE IEC	TOP!	MARKET	LIVYA B. MARY, INT.	7107	17 VICENV	damberton !		
1/	Uu Ba	huilte g/s	in Millia	Water Market To the	100	15 x.	10110-10-		
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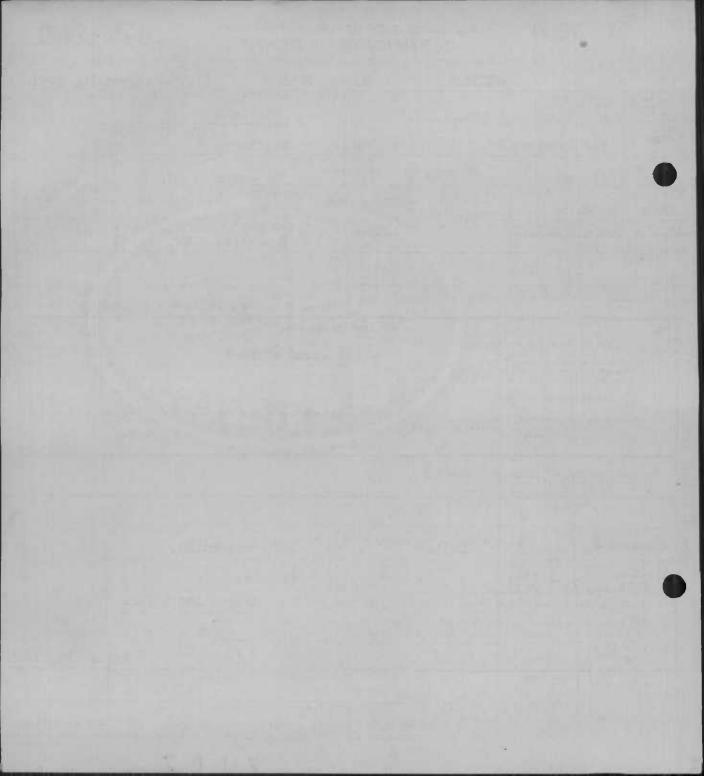
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. INAME OF DECEASED CRYPTON DEATH Registered No. INAME OF DEATH A. USUAL RESIDENCE (Where deceased liver II maintainer) A. SATE CRYPTON OF TOWN (If outside corporate limits, write RURAL and give horseling) No. STREET ADDRESS (If rurel, give horseling) Registered No. INAME OF THE NO. STATE TOWN OF TOWN (If outside corporate limits, write RURAL and give horseling) No. STREET ADDRESS (If rurel, give	5	3		CHUTTETCA	CORRECT	10 9/20/51 - 28	7		
DIRTH NO INAME OF DECEASED ARRETT EDWAR INDUSTRY INDU		54	m400	BALTIMO	RE CITY HE	EALTH DEPARTMENT	5:	1 7198	
INDUSTRY PRINCE OF DEATH PRINCE OF DEA	_		/130	CER	TIFICATI	E OF DEATH			
(Type of Print) PLACE OF DEATH Baltimore City, Maryland FULL NAME OF (If not in begind or institution, give street address or NOSPITAL OR INSTITUTION) FULL NAME OF (If not in begind or institution, give street address or NOSPITAL OR INSTITUTION) FULL NAME OF (If not in begind or institution, give street address or NOSPITAL OR INSTITUTION) STREET ADDRESS (If rural, give location) O. STREET ADDRESS (If rural, give location) OR JUNEAU OCCUPATION (Gratisade) IO. LUSUAL OCCUPATION (Gratisade) IO. LUSU	-		FCEASED				2 DATE		
Baltimore City, Maryland FULL NAME OF Iff not in biospital or institution, give street address or location FULL PARK OF Iff not institution, give street address or location BYTH ORDINAL OR INSTITUTE OF THE STATE OF THE ADDRESS (If Furni, give location) STREET ADDRESS (If Furni, give location) O. STREET ADDRESS (If Furni, give lo			(a)	ETT Edu	UARI		OF DEATH	17-51	
DISPASE OR CONDITION DIRECTLY This does not mean the mode of dring, e.g., cause of disease of condition the mode of dring, e.g., cause of condition the consect death.) DISPASE OR CONDITIONS CONTROLLED THE CONDITION SIZE ANTITION TO THE CONDITION SIZE ANTITION TO THE CONDITIONS CONTROLLED THE CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE CONDITIONS IT ANY DUE TO THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE CONDITIONS IT ANY DUE TO THE CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE CONDITIONS IT ANY DUE TO THE CONDITIONS TO THE CON				1					
C. Length of stay in Baltimore C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WILLIAM Mon. 10. USUAL OCCUPATION (Girkinder) 10. STREET ADDRESS (If Fural, give location) Mon.	В.	FULL NAME		al or institution, give		VIRGINVA	HALIFA	N. Y.	
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See Document File 51-7198 9/20/51

CERTIFICATE OF DEATH

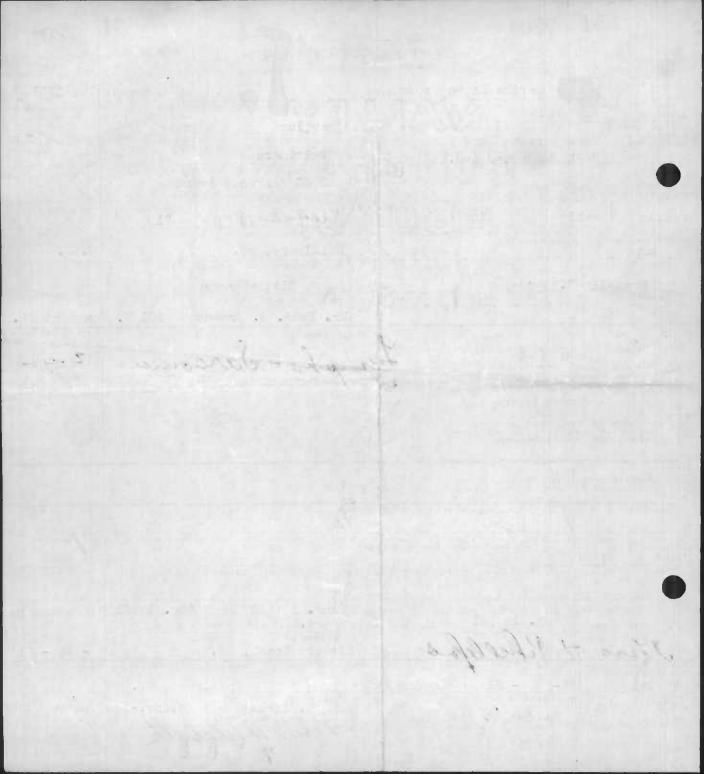
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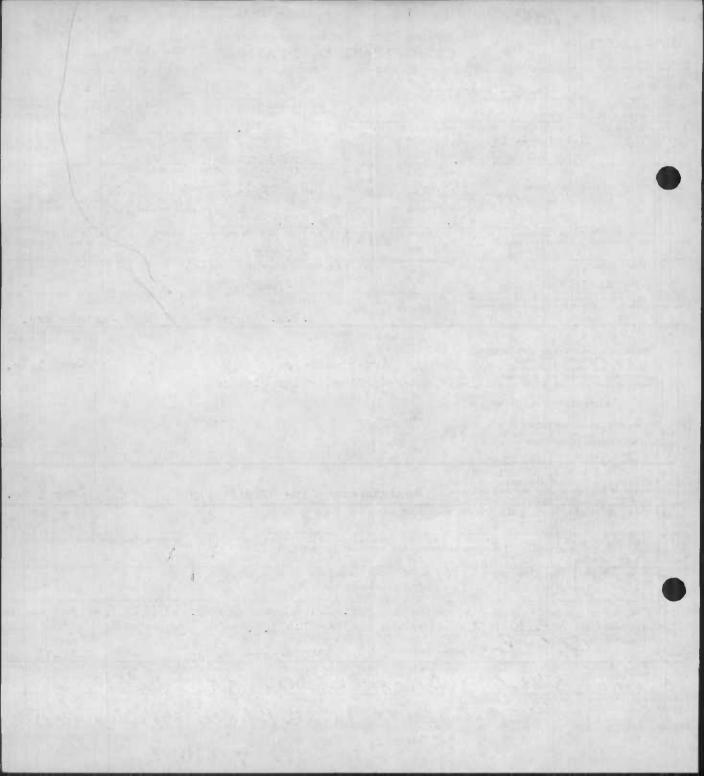
BIRTH	NO.						
(Type	ME OF DEC		CHESTER	A.	FULTON		gust 16, 1951
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13. FA	THER'S NAM			(x)	14. MOTHER'S MAI	DEN NAME Maginness	
15. W/	AS DECEASED	EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ethel	P. Fulton 302 S	ADDRESS Somerset Rd.
RTIFICATION	(This does in heart failure, injury or consider the constant of the constant o	OR CONDITION EADING TO DEA ot mean the mode asthenia, etc. It mer omplication which OR CONDITIONS, I ABOVE CAUSE (A) IG CONDITION L II NIFICANT COND OTHE GEATH, BUT	TH of dying, e. g ins the disease caused death. SES F ANY, GIVIN STATING TH AST.	(B)	et wound of h		
ш	TO THE OISE	ASE OR CONDITION	CAUSING 17		PATION		20. AUTOPSY?
AL C	A. DATE OF	OPERATION	SB. MAJOR	PHOMOS OF OLE			YES NO X
EDICA	A. EXTERNAL ING CAL	CAUSE WAS OR CONTRIB- USE OF DEATH.	218. PLA about home, fa	CE OF INJURY (e. g., i irm,factory,street,office hidg., ellar	n or 21c. WHERE D INJURY OCCUP 302 So	(!f in Baltimore Ci R? merset Rd.	ty, give exact location;
Σ 21 Qf	INJURY	onth) (Day) (Year abt	• W	HILE AT NOT WHILE WORK AT WORK	Firear	INJURY OCCUR?	
	the evide	nee obtained by h in my opinion	said Auto	psy, Inspection or a rom: natural cause	Inquiry, find that s , accident .	said deceased died or suicide homicide homicide DICAL EXAMINER DICAL EXAMINER	the day stated above 1. undeterm ned
TION.	BURIAL CRE REMOVAL (Spec mation	Aug. 18		Green Mount	RY OR CREMATORY	Baltimore	own, or county) (State)
DATE	RECEIVED I	BY REGISTRAR	S SIGNATU	RE Allender, Mass	JOHN O. MITC	ECTOR HELL & SONS, 19	ADDRESS 000 Eutaw Place
vs	151	853.4	-	F 94	1821 00	182	1640



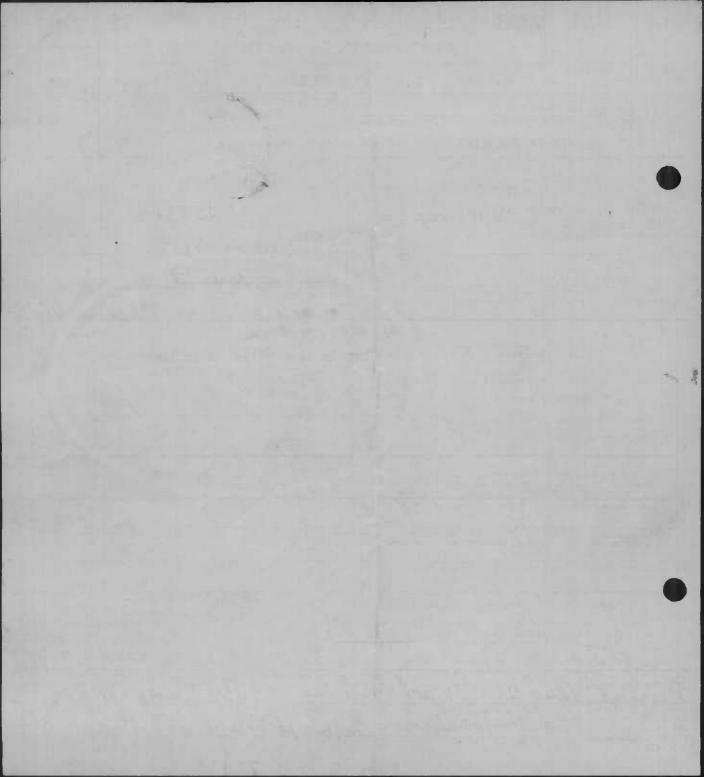
51 7201

BIRTH NO.		2712		E OF DEATH	Registered N	Io
1. NAME OF D (Type or Print)		ha Raym	o Woods		2. DATE OF Augus	t 14, 1951
	EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)		
HOSPITAL OR	Hood Nursin	g Home	ion, give street address or location)	C. CITY OR TOWN (If ou	none	write RURAL and give township)
	5313 Edmond	son Ave	life Yrs.	Baltimore D. STREET ADDRESS (If run		0 4
c. Dength of s	tay in Baltimore	7. SINGLE	Days Days	2740 Parkwood Av		Under 1 Year II Under 24 Hours
female	white	singl	ED, DIVORCED (Specify)	May-12-1880	last birthday) Mor	nths Days Hours Min.
10A. USUAL OC ork done during most on none	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Md.	ign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S	NAME	11 17	THE WOOD IN	14. MOTHER'S MAIDEN NAM	1E	
	klin B. Woods			Mary Olivia Raymo)	
Yes, no or unknown)	ED EVER IN U, S. ARMED (If yea, give war or date	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
1				Mr. Benj. J. Freen	y 101 W.	Monument St.
DISEASES RISE TO T UNDERLY OTHER S TRIBUTING	complication which complication which complete cause (a) ring condition Laurent Condition Laurent Condition Condition Laurent Condition	ES F ANY, GIVIN STATING TH ST. TIONS CON	(B) G E DUE TO (C)	,		
	OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
	ENT WAS UNDER. R CONTRIBUTING		CE OF INJURY (e. g., in arm, factory, atreet, office bldg., e		n Baltimore City, g	YES NO Live exact location)
21D. TIME	(Month) (Day) (Year)		VHILE AT NOTWHILE	21F. HOW DID INJURY C	OCCUR?	
22. I hereb	y certify that I att live on Aug. 1	ended the 4 1951	deceased from and that death occur	Aug. 1, 19 49, to red at 4.20P m., from the	Aug. 14951	, that I last saw the
J'ASIGNAT	0 4% 9ch	ellet	M.D.]	Riviera Beach, Md.		8 - 14 - 51
24A. BURIAL, O TION, REMOVAL (S burial	CREMA- 24B. ĎATE Specify) 8	51	Loudon Pirk	RY DR CREMATORY 24D. LOC.	ATION (City, town, omore, Md.	or county) (State)
LOCAL REGIST	D BY REGISTRAR	S SIGNATU	RE	John O.Mitchell & S		ADDRESS 00 Eutaw Place
VS 150			A Comment of	11 (15 11 file	tiell	0552
and the same						





51 7203 CINTIFICATE CORRECTED	51 7203								
BIRTH NO.									
	st 17, 1951								
a. Baltimore City, Maryland A. STATE Maryland A. STATE Maryland A. STATE Maryland									
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate in the corpor	mits, write RURAL and gr								
Provident Hospital Baltimore	7 - 01 township								
yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 607 George St.									
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male Colored WIDOWED, DIVORCED (Specify) Male Colored No. 1 (1)	ff Under Year Months Days Hours Min.								
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. Durkland C.	12. CITIZEN OF WHAT COUNTRY!								
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Samuel Satterfield Penny Bryant Ret	M· n Dn								
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, uo or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	D I St. Nt								
CAUSE OF DEATE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (Chronic ulcerative tuberculosis (A) DUE TO (B) DUE TO CHORIC PLATE (A) DUE TO DUE TO CHORIC PLATE (B) DUE TO DUE TO (C)									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT									
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO X								
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	y, give exact locations								
2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRED 2 1F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE I AT WORK									
22. I certify that I took charge of the remains described above, held an Inspection & Inq.	thereon and pront								
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on and death in my opinion resulted from: natural causes [X accident [], suicide [], homicide []	the day stated alore, undetern ned								
M.D. MEDICAL INVESTIGATOR	August 17, 1951								
24a. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24B. LOCATION (City, to Discourse) Pula 21 Wall Complete Brothers	What (() () ()								
DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS +								
AUG 1 8 1951 Mutuglor Muans, M. Ciegene H. 1 /ayo. 607	teorge st								
V S 151	120								



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 7204

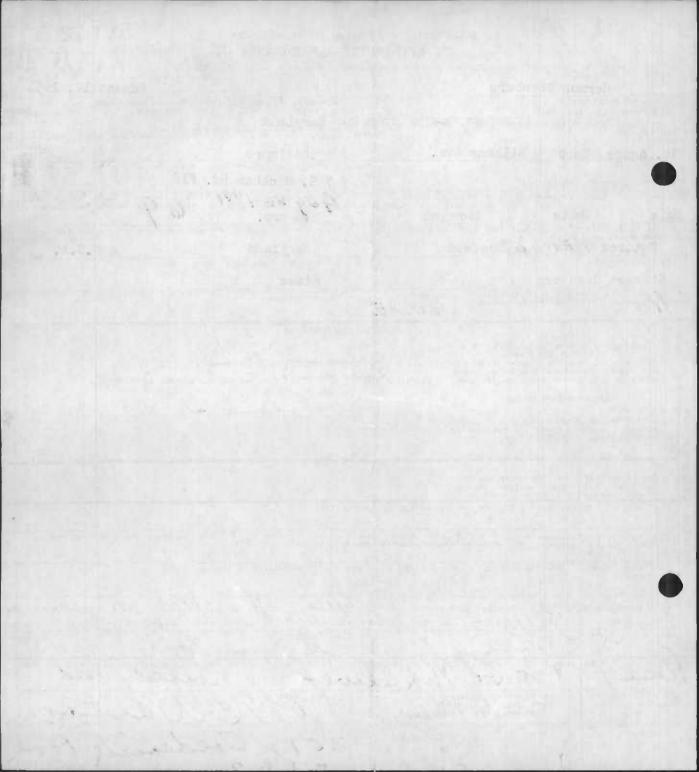
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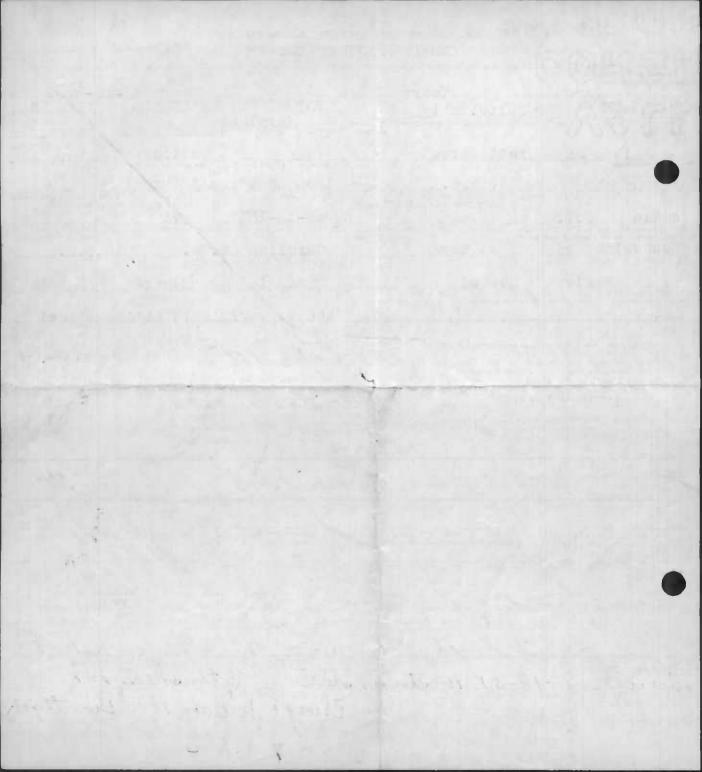
-	DTIL NO			CERTIFICA	E OF DEATH	-	gistered No.	
	RTH NO.	CCEACED				Lo Date		
	NAME OF E	ANNA	HLADIK			2. DATE OF DEAT	Amoust.	16, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland 2403 E. Eager St.					4. USUAL RESIDE		sed lived. If ins	titution: residence before admis ion
	B. FULL NAME OF (If not in hospital or institution, give street address or					Md.	CONT	by total common to the
H	OSPITAL OR	. , ,		location		(If outside cor	porate limits, v	vrite RURAL and give
IN	ISTITUTION					Baltimore	1-1	2 town hip
4/				Yrs	D. STREET ADDRE	SS (If rural, give	location)	
	Langeth of a	tar in Poltimona	77	Mos		2403 E. Ea		
	SEX.	tay in Baltimore		MARRIED.	8 NATE OF BIRTH		(In years) filling	let I Year II Under 24 Hauts
0.	female	white	WIDOW	VED, DIVORCED (Special widowed)		last bi	rthday) Month	Bays Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	108. KIND	OF BUSINESS OR	11, BIRTHPLACE (S	state or foreign coun	try) 12	CITIZEN OF
worn	housewi	of working life, even if retired)		at home	Austria			U.S.A.
13	FATHER'S				14. MOTHER'S MA	IDEN NAME		
		Je	hn Schu	ister		unkno	il-m	
15	WAS DECEAS					dimile		
(Ye	s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or dute	s of service)	16. SOCIAL SECURITY NO.	Edw. R. Hla	dick, son,		RESS
	18. 2 ;	2.10		CAUSE	OF DEATH			INTERVAL BETWEEN
	2 0	SE OR CONDITION	DIRECTLY	^		. / .	1	ONSE! AND DEATH
	(This does	LEADING TO DEA's not mean the mode of	TH .	· () () +1	brul Heimori	whasplud	MXCLOS	24866
	heart failt	ire, asthenia, etc. It mea	ns the diseas	,	Service Control of the Service		7	
	injury or	complication which	aused death	.) DUE TO		1		5
		ANTECEDENT CAUS	SES	Go.	ralized ar	+		1
NO	DISEASE	S OR CONDITIONS, I	E ANY CIVIN	(B)	WHATH UT	lerio selt	10316	
	RISE TO 1	THE ABOVE CAUSE (A)	STATING TH					
CA	UNDERL	YING CONDITION LA	NST.	(C)	***************************************		*************	
FI			.,					
	OTHER	SIGNIFICANT CONDI	TIONS CON					
CERT	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	D				
O		DISEASE OR CONDITION			DATION			20. AUTOPS / 7
7	ISA. DATE	OF OPERATION 1	SB. MAJOR	FINDINGS OF OPI	RATION			YES NO
O	214 ACCI	DENT WAS UNDER	2 18 PLA	ACE OF INJURY (e.g.	, in or 21c. WHERE D	ID (If in Baltin	more City, giv	e exact location)
MEDICAL	LYING OF	R CONTRIBUTING	about home, f	farm, factory, street, office bld				
		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR	3	
K	INJURY		m I	WHILE AT NOT WHILE WORK AT WORK				
	00 7 7	110 12 17 1	2 7 7 7	^	1	11. 1940	11 1051	12 1 7 7 1
- 10		by certify that I att						that I last saw th
Н			, 1957,	and that death oce	23B. ADDRESS	, from the equises		date stated above
	23A. SIGNA	CARL ODA	Valore		23B. ADDRESS	Innal.	. 17	23C. DATE SIGNED
	4A. BURIAL.	CREMA- 24B. DATE	VELLIN	M. D.	ERY OR CREMATORY	24b. LOCATION	(CIN CAPE OF	county) (State)
TIC	ON REMOVAL	Specity)						
	Burial	Aug. 20,		Oak Hill Ceme	- U	Horner's I		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATL	JRE,	25. FUNERAL DIR	ECTOR		DDRESS
-	Alic 1 Q	1051	higher	Williams, 4	Schimunek F	Madigon St	, Inc.	
		4,4,4,4	- 10	8 16		THE THOUSE AT		

THE MANAGEMENT OF

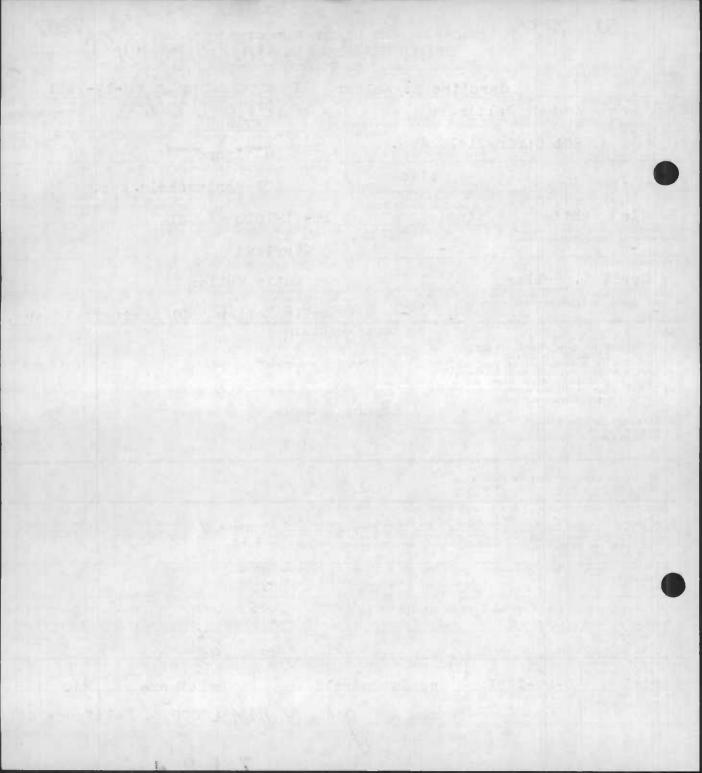
1 7 5 1 0 0 0 7 1 9

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH August 17, 1951 Herman Rossberg 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give St. Agnes Caton & Wilkens Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. . Wickham Rd. #16 gth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (In cars If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Retired Rectified Seafood 12. CITIZEN OF INDUSTRY WHAT COUNTRY? U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Rossberg Eitze 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL 17. INFORMANT (If yes, give war or dates of service) ADDRESS unknown) 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) FA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218, PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. 190/ to , 195 /, that I last saw the 17. 19 5 and that death occurred at 11:40 Am., from the causes and on the date stated above, deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 24A BURIAL CREMA-TION EMOVAL (Specify) 248 DATE 246. NAME OF CEMETERY OR CREMATORY KOCATION (City, town, or gounty) 24D. DATE RECEIVED BY REGISTRAR'S 25. FUNERAL BIRECTOR LOCAL REGISTRAR butters VS 150



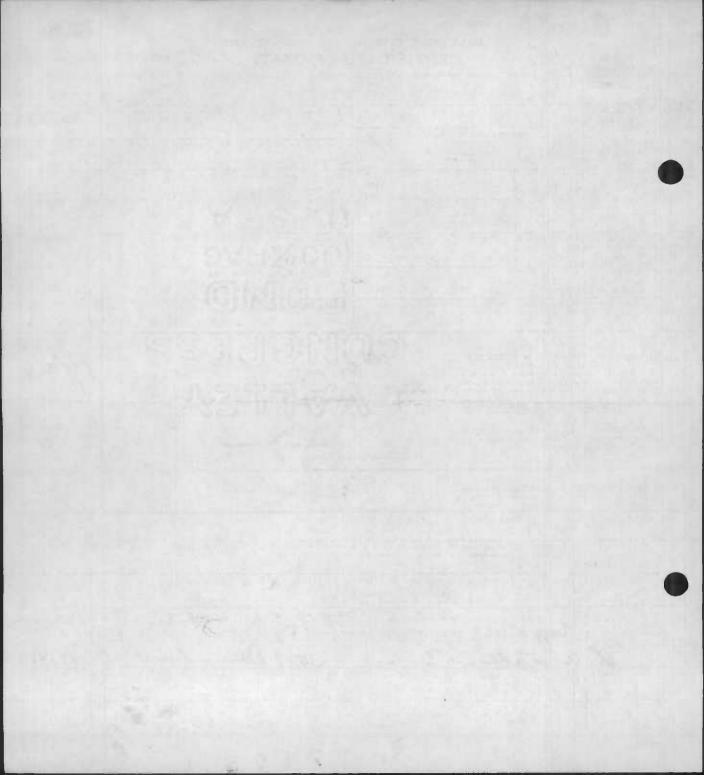


460 51 7207 BALTIMORE CITY HE	EALTH DEPARTMENT 51 7207
	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Caroline E. Kelle	2. DATE OF 0FATH 8-17-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
a. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 60b Springfield Ave.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Dength of stay in Baltimore 11fe Mos.	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Female White Single	8. DATE OF BIRTH 9. AGE (In years II Under 124 Hours III Under 24 Ho
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyril A. Keller 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Emily Mullan
(Yes, no or uokoown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Emily Keller 601 Springfield Ave.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (C) (C) (C) TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	insue of Great 22
	for Caremony of treast YES NO DE
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death	for 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21c. TIME (Month) (Day) (Year) (Hour) INJURY MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	
23A. SIGNATURE Jalley er M. D.	red at 12:02 Am., from the causes and on the date stated above. 38. ADDRESS 23C. DATE SIGNED 8-18-51
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 8-20-1951 New Cathed:	
LOCAL REGISTRAR	why G. Mola 3000 E. Baltimore St.
VS 150	600000



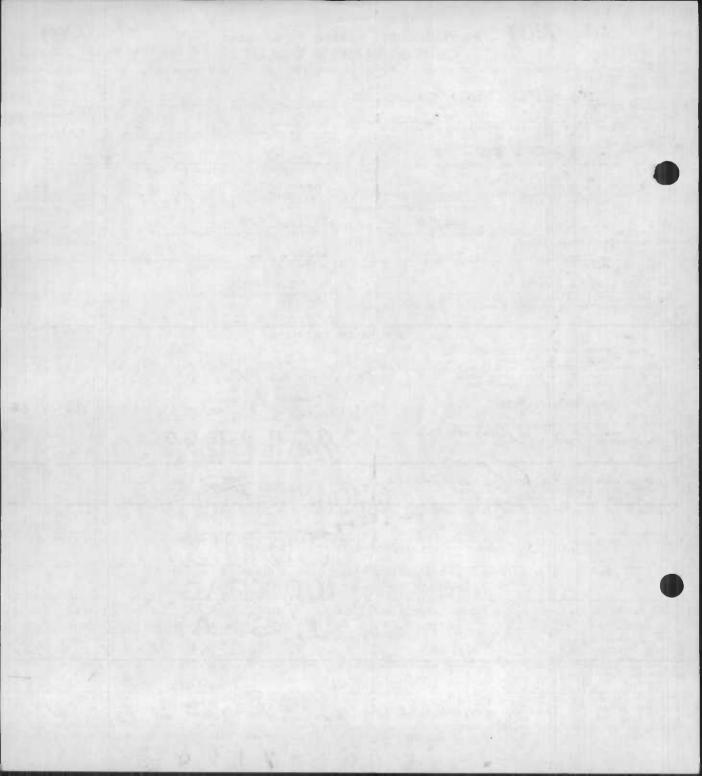
51	7208

333		EALTH DEPARTMENT	D - 1.4. 1	».T
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF DECEASED	TICK JOSEPH HAMMOND		2. DATE OF DEATH AUG	. 16, 1852
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		
	al or institution, give street address o location	id.		its, write RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos. Days	7720 333	rural, give location)	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	June 14, 1861	9. AGE (In years last birthday) M	onths Days Hours Min.
10A. USUAL OCCUPATION ((iive kind of orl: done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Joseph Hammond		Mary E	elly	
15. WAS DECEASED EVER IN U. S. ARMED Yes, no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. None	Mrs. Marie C. T		dmonden
heart failure, asthenia, etc. It mear injury or complication which es ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST LITTLE TO THE SIGNIFICANT CONDITIONS TO THE DEATH, BUT IT TRIBUTING TO THE DEATH, BUT IT	aused death.) DUE TO ES FANY, GIVING STATING THE DUE TO ST. (C)	O		
19a. DATE OF OPERATION 19	98. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSYY
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7. TIME (Month) (Day) (Year) 1NJURY 22. I hereby certify that I att	m. WHILE AT NOT WHILE	RED 21F. HOW DID INJUR	aug 16_ 195	give exact location) If, that I last saw the
deceased alive on ling 16	elly mg M.D.	3517 Du	-ordson	the date stated above 23c. DATE SIGNED (My 17, 51) n, or cognity) (State)
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMET		timace.	i, or councy) (Scale)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	S SIGNATURE MA	WM. J. Sickner	Son me	lu med.
VS 150	7 7 5 1 0 0	07195	737	l

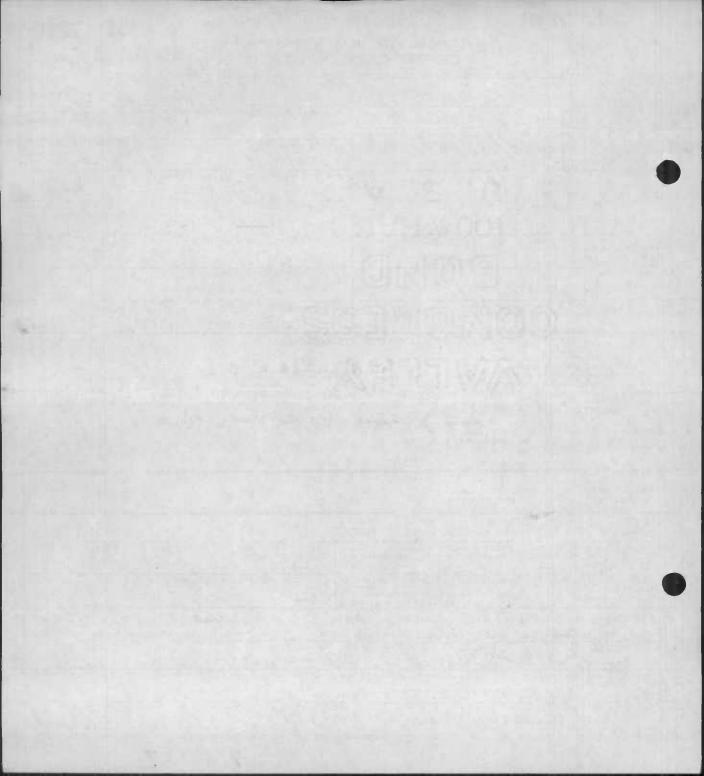


51 7200

	EALTH DEPARTMENT
BIRTH NO.	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE 0/ / /2
(Type or Print) Mr. Francisto Klem in Sr	DEATH 8/17/57 4 7. 1801
B. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION South Balto. Genl Hosp	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Arnold
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) Ferry Point Yac't Resin legothy Piver
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years if Under 1 Year last birthday) Months Days Hours Min.
Married OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) Lawyer Self-	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Klemm	Anna Lucius
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No ?	Mr. Frencis L. Vlemm Jr. Linthiaum, Tets.
18. 420.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	is schoolic heart disease hears
DISEASES OR CONDITIONS, IF ANY, GIVING	Tensive cerdio rescolor
(c) (d.,,	2732036 75375
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	
CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR	ZED 21F. HOW DID INJURY OCCUR?
INJURY MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	15, 19 1, to 405087 17, 19 , that I last saw the
deceased alive on 1700 st., 1901. and that death occur	rred at 4.1. m., from the causes and on the date stated above.
23A. SIGNATURE A M.D.	238. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETE 100N, REMOVAL (Specify) Burial 8/20/51 Woodlawn Co	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Www. Juknew Love Sow Bells mis.
NE 1EO	
VS 150	- 1 0 080 - 1
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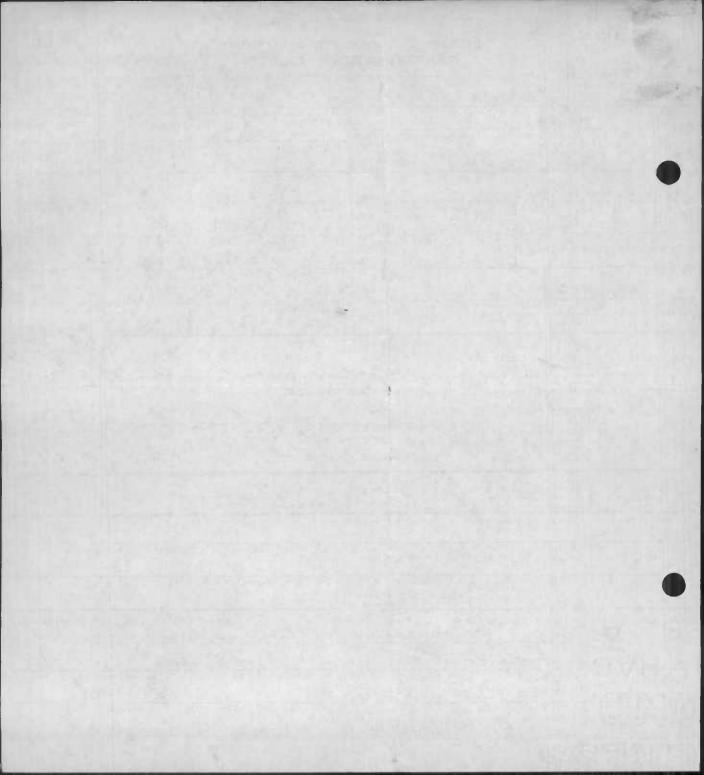
CERTIFICATE COESECTED B-2-51 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) GILLING FACILITY GOGNELL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or INSTITUTION Ashburton Tursing Tome C. CITY OR TOWN (If outside corporate limits, write RURAL and pive 3520 Wilton Pd. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4114 Fdm nison ave. c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED 9. AGE (In years | It linder | Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Vidowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Tile Tlari-Palto. Md. Banking 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jassa T. Gosnell Pary Louise McVenzie 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. r. C. N. Gosnell 4114 Tdmon's n Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (B) advanced arterio-selvosio ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICA 21A. ACCIDENT WAS UNDER-21B, PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from Jon \ , 1930, to and 17 , 1951, that I last saw the deceased alive on aug 16 1951 and that death occurred at_ _m. from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 23B. ADDRESS 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 2/20/51 t. Olivet Cen. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR south stor / Whates, Mil rekner, Lores Inc VS 150



BALTIMORE CITY HEALTH DEPARTMENT

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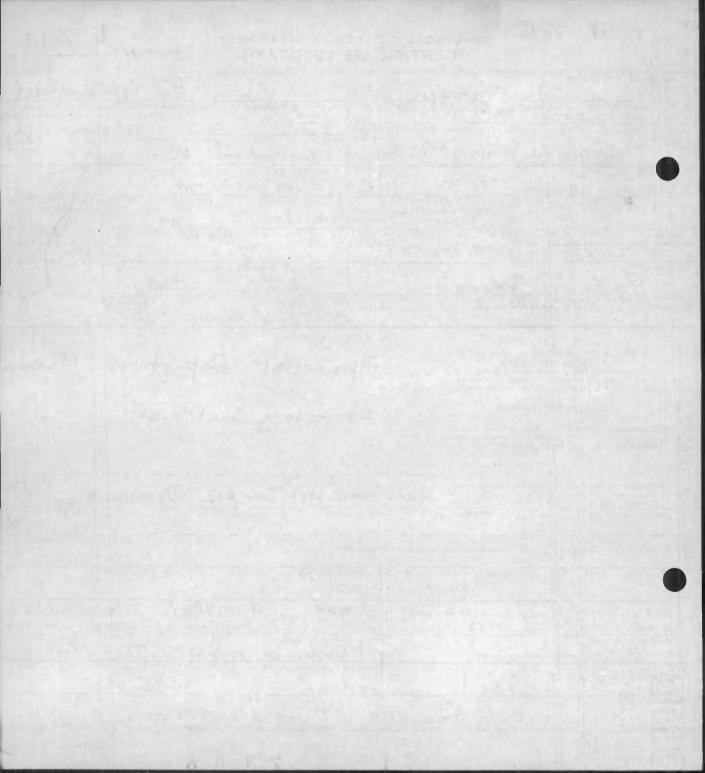
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Edward & Jasto	OF DEATH 8/16/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
1 1 x x Dall beex	12200 100
Xrs. Mos. Days Days	O. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year II Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months: Days Hours: Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
tide chi kinal + Kronosa,	Horthenberland S, Pa, WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Outomon Sattenson Juston	Xydla Mc Materin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, near unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
10 SECONTINO	Robt. P. Juston 2115 House and Ren
18. HULY CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	Liorascular Reval
heart failure, asthenia, etc. It means the disease.	uale
ANTECEDENT CAUSES	
(B) Len	eral arteriosceroces 7 -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	pertugion
UNDERLYING CONDITION LAST.	develop 3/20/18/2 8/10/51
	The state of the s
OTHER SIGNIFICANT CONDITIONS CON-	1-1.
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cystitis -
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY/
0	YES NO
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., about home, farm, farm, factory, street, office bldg., about home, farm, far	ob.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
MHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	me 20 10 61 1. (leval 6/ 1001 11 11 11 11
	rred at 3.50 Pm., from the causes and on the date stated above.
	23B. ADDRESS 23C. DATE, SYGNED
Harrist Hyde M.O.	1100 E. North air 8/17/51
24A. BURIAL, CREMA- JAB. LATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Quining 0/20/51	Rider Sikewille Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	All Gook Duc 1217 St. Paul at
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The state of the s	1000717310



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51. 7212 Registered No.

BIRTH NO.									
1. NAME OF DECEASED (Type or Print)	2. DATE								
John I. Hogian	DEATH 17 HUMAT 196								
Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)								
B. FULL NAME OF (If not in hospital or institution, give street address or	MD. 1205 Oakhurt Pl.								
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give								
INSTITUTION Lutheran Hosp. of Md. The.	Baltimore, Mo. 16-07								
Yrs.	D. STREET ADDRESS (If rural, give location)								
c. Length of stay in Baltimore Mos. Days	1205 Oakwest Pl.								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Under 1 Year M Under 24 Hours								
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.								
104 HISHAL OCCUPATION (C. 1: 1 () 105 KIND OF BUCINESS OF	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF								
work done during most of working life, even if retired)	M \ WHAT COUNTRY?								
Torem on	. 110.								
13. FATHER'S NAME CORRE PRO D (M)	14. MOTHER'S MAIDEN NAME								
John J. Hogan Ir.	Catherine Coles								
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL (Yes, no or uphnown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT								
(1) John Brid was of described, SECORTITINO.	Elizabeth Hoages Oakhurst Place								
18. /// X CAUSE	OF SEATH INTERVAL BETWEEN								
9 16 1	ONSET AND DEATH								
LEADING TO DEATH	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH								
(This does not mean the mode of dying, e.g., (A)	000000000000000000000000000000000000000								
injury or complication which caused death.) DUE TO									
ANTECEDENT CAUSES									
(B) Corumery Ocella van									
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
UNDERLYING CONDITION LAST.									
<u>(C)</u>									
OTHER SIGNIFICANT CONDITIONS CON-	wi HT. Direzer Decompanyation								
O TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?								
V 214 ACCIDENT SHICIDE 2 28 PLACE OF INJURY (e.g. in	YES NO X								
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., c	nor 21c. WHERE DID (If in Baltimore City, give exact location)								
<u> </u>									
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?								
MHILE AT NOT WHILE AT WORK AT WORK									
	Delect 100 to 17 Amel 100 that I had soon the								
I feet only details a detail the area and a detail the area area.	1967, to 17 hay, 1957, that I last saw the								
deceased alive on 1960, 1951, and that death occur	rred at 4 2 P.m., from the causes and on the date stated above.								
11200	I DE TOUR TOUR TOUR OF A WAY								
24A. BURIAL, CREMA 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D, LOCATION (City, town, or county) (State)								
TION, REMOVAL (Specify)	10 1-04 21-								
Burial 12/51 Calker	रनिहार विकास								
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS								
Jun Isolianus, M	1 - vok Juc. 1217 St. Kank J.								
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about home, farm, factory, street, office bldg., etc.)

21A. ACCIDENT, SUICIDE. (Specify)

HOMICIDE

INJURY

ID. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from Hva deceased alive on 23A. SIGNATURE

24A. BURIAL CREMA 24BLDATE TION, REMOVAL (Specify)

REGISTRAR'S SIGNATURE

WHILE AT

WORK

24C. NAME OF CEMETERY OR GREMATORY-

AT WORK

21E. INJURY OCCURRED

25. FUNERAL DIRECTOR

A. 19 and that death occurred at 10:15 Arm, from the causes and on the date stated above.

21F. HOW DID INJURY OCCUR?

, 1951, to Aug 17

24D. LOCATION (City, town, or county)

ADDRESS

INJURY OCCUR?

238. ADDRESS

other ma

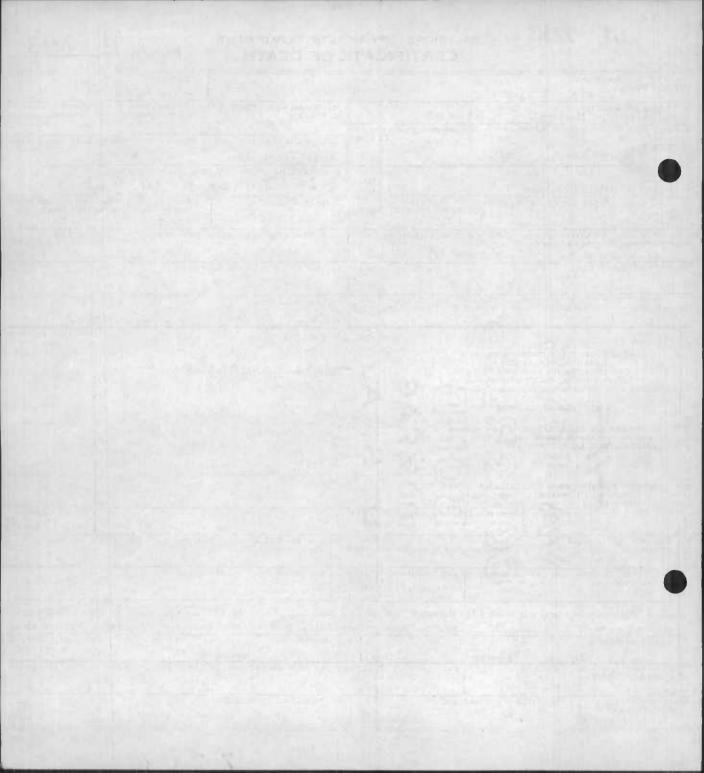
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/ wrink DATE RECEIVED BY LOCAL REGISTRAR

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_, 19 1 that I last saw the

23c. DATE SIGNED 8-17-5



51 7214 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, la institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET (If rural, give location ADDRESS Mos. c. Length of stay in Baltimore Days na 6. COLOR OR RACE 7. SINGLE, MAH 9. AGE (In years BIRTH II Under 1 Year WIDOWED, D VORCED (Specify) last Hirthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF workdooe during most of working life, even if refired INDUSTRY Dehera 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME OSCO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or yoknown) SECURITY ros 01 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAL heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? DICA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 22. I her by certify that I attended the deceased from & that I last saw the ! and that death occurred at 10 3 deceasoft alive on. 19 1 =m.from the causes and on the date stated above 23A. SIGNATURE 23B ADDRESS SIGNED 24A. BURIAL, CREMA-24B. 24c. NAME OF CEMETERY OF CREMATORY

240. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county Tion removal (Specify)

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Date received by Local registrar

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REGISTRAR'S SIGNATURE.

240. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county town, or count

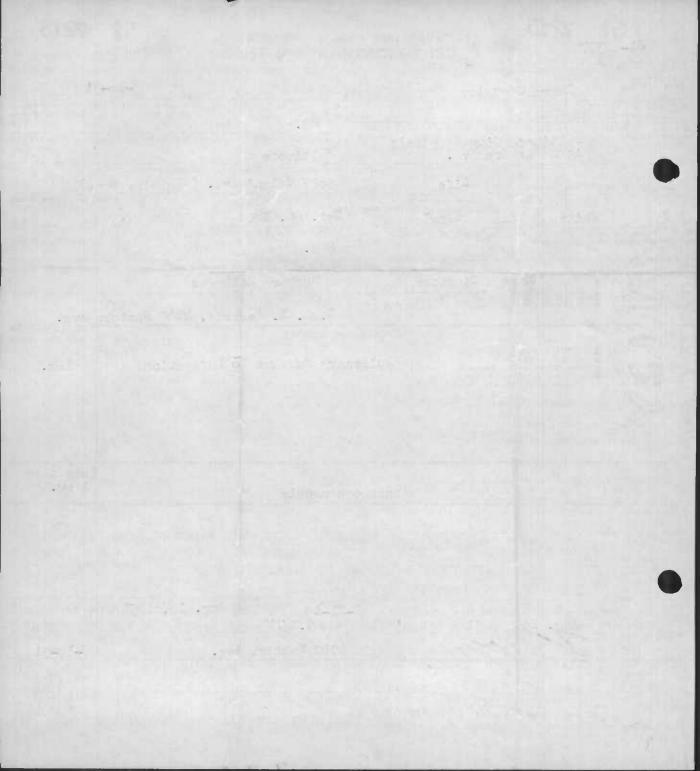
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	J1_	83378	BALTIN		E OF DEATH	IEINI	No.
	RTH NO.			INTII ICATI	L OI DEATI	1	
	NAME OF C	Laura C	Lautice	AKA Clant	ice	2. DATE OF DEATH	16-51
A.		City, Maryland	-) : :-		4. USUAL RESIDER	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission
H	SPITAL OR STITUTION		City H s	pitals location)	c. CITY OR TOWN Baltimore	(If outside corporate lin	nits, write RURAL and give
C.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRES	(If rural, give location)	Home)
-	SEX	6. COLOR DR RACE			8. DATE OF BIRTH Oct. 24, ,185	9. AGE (in years	
work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	10s. KIND OF	BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S		seph Claut	ice	Barbara I		
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16	SECURITY NO.	17. INFORMANT B. C. H. Re	cords, 4940 Eas	tern Ave.
CERTIFICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of ANTECEDENT CAUS S OR CONDITIONS, (1) THE ABDVE CAUSE (A) YING CONDITION LA	TH of dying, e. g., ms the disease, caused death.) SES F ANY, GIVING STATING THE	(A) Pulmo:	nary Embolus	E Infarction	lwic.
CERTIF	TRIBUTING	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED Bronchopneumonia					less than 1 wk.
	19a. DATE	OF OPERATION 1	98. MAJOR FII	NDINGS OF OPER	RATION		YES ND
MEDICAL	LYING OF		about home, farm,	OF INJURY (e. g., i actory, street, office bldg.,	etc.) INJURY OCCUR		y, give exact location)
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK							
						to Aug. 16, 196 from the causes and on	
	23a. SIGNA	TURED! EZ	ogen	м. р.	4940 Eastern		8-17-51
TI	Buraal	Specify) Aug. 20	, 1951	Loudon Parl		24b. LOCATION (City, to	= '?Mo
D	ATE RECEIVE	EDIA ID (Auto)	S SIGNATURE	Lasted Hit	25. FUNERAL DIRE		ADDRESS

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Ullrich Funeral Home 2008 Orleans St.



51 7216 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ared DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Canva Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7 SINGLE MARRIED AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. anyip 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT GOUNTRY MES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

WHILE AT

TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

218. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED

1D. TIME (Month) (Day) (Year) (Hour) FINJURY 22. I hereby certify that I attended the deceased from 8-13-, 1951, to 8-16, 1951, that I last saw the

deceased alive on 8-15 23A. SIGNATURE

DICA

24B. DATE

BURIAL, CREMA-TION REMOVAL (Specify)

24c. NAME OF CEMETERY DR CREMATORY Dunal REGISTRAR'S SIGNA DATE RECEIVED BY LOCAL REGISTRAR

(If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR?

.. 1951, and that death occurred at 10 tooking, from the causes and on the date stated above. 23c. DATE SIGNED 8-16-5

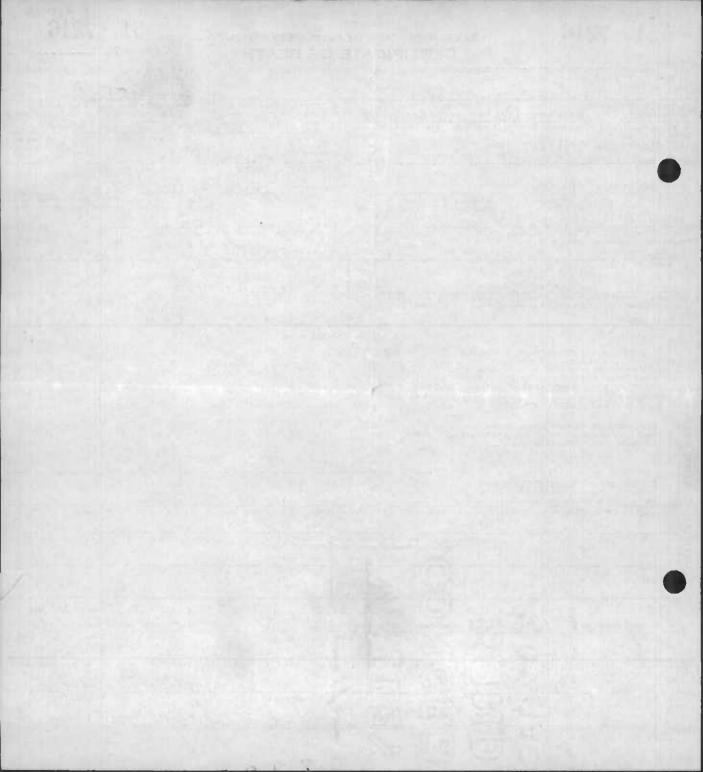
20. AUTOPSY?

24D. LOCATION (City, town, or county) ADDRESS 25 FUNERAL DIRECTOR

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

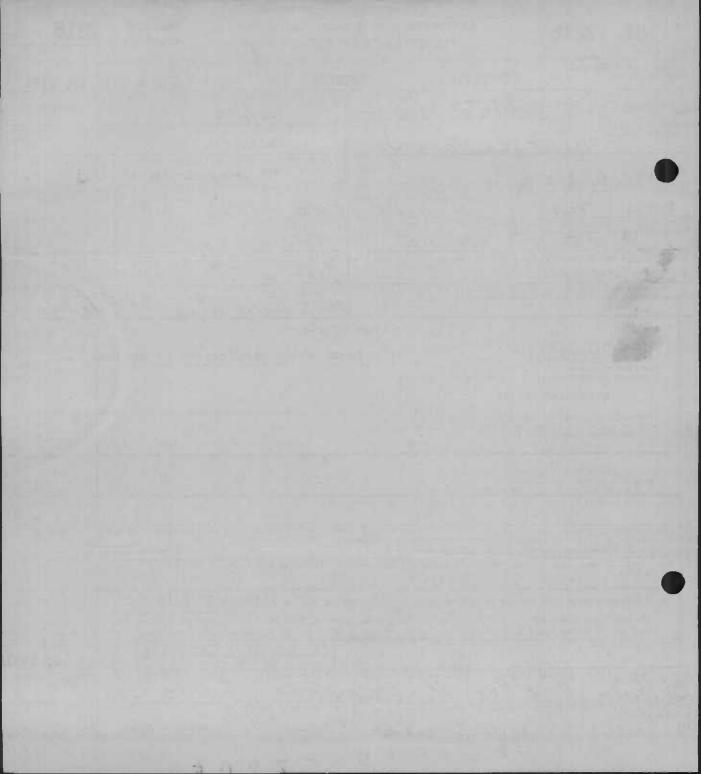
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Registered No .__ BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Frank Nawrocki DEATH Aug. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 1750 Bank St. B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and vive township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs 1750 Bank 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (111 years | Huder | Year | Huder 24 Hours last birthday) | Months: Days | Hours | Min. Married 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Poland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Seseph Nawrocki Josephine Gorecki 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO. Wincintyna Nawrocki 18. CAUSE OF DEATH INTERVAL BETWEEN 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-(If in Baltimore City, give exact location) 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE WORK AT WORK 48 19 Q, to 22. I hereby certify that I attended the deceased from_ deceased alive on lung 19.4 -Pm., from the couses and on the date stated above. and that death occurred at. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Mulus 24A. BURIAL, CREMA- 24B. DATE 245. LOCATION (City, town, or county) E RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIE ADDRESS LOCAL REGISTRAR

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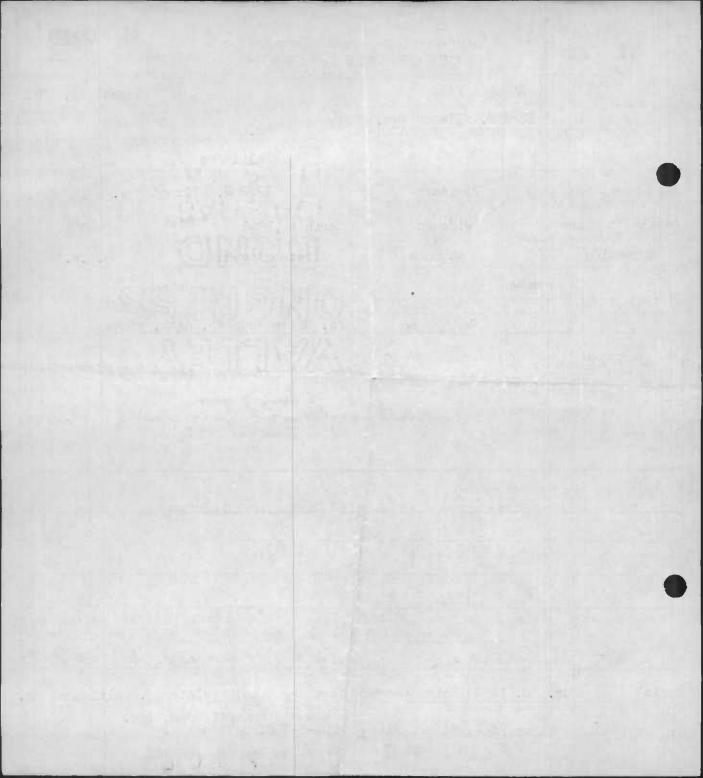
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE HENRIETTA WAGNITZ DEATH August 16. 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Mos. 711 Reservoir Street gth of stay in Baltimore Davs 9. AGE (In years | 18 Sader | Year | 16 Under 24 | 18 sader | Last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Female White 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH 437 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (8) RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID UNDERLYING | OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the duy stated above, and death in my opinion resulted from: natural causes \(\omega \), accident \(\partial \), suicide \(\partial \), homicide \(\partial \) undetermined \(\partial \). 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER.... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) -0 DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR QCAL REGISTRAR

V S 151



51 7219

	TIMORE CITY HE	E OF DEATH	Registered	
1. NAME OF DECEASED (Type or Print) BARBARA V	ANA		2. DATE OF Aug	gust 16, 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland 1228 N. El		4. USUAL RESIDENCE (WI A. STATE	107 mm / 1 1 1 1	
HOSPITAL OR INSTITUTION	location)	Baltimor	re	ts, write RURAL and give township
	years Yrs. Mos. Days	1	Ellwood Ave	
female white window	, MARRIED, ED, DIVORCED (Specify) dowed	March 4,1868	0).	onths Days Hours Min
ork done during most of working life, even if retired) Nousewife	of Business or INDUSTRY	11. BIRTHPLACE (State or for Czechoslovakia		U.S.A.
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NA	unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? You, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Helen Younger		ADDRESS
heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OPENTH, BUT NOT RELATED.	G DUE TO (C)	elerotie Sa A middle S	ugiand Cole	1 well
TO THE DISEASE OR CONDITION CAUSING IT				20. AUTOPSYT
	CE OF INJURY (e. g., in arm, factory, street, office bldg., e		in Baltimore City,	give exact location)
INJURY	VHILE AT NOT WHILE WORK AT WORK	21F, HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 15, 195/.	deccased from learn and that death occur	ted at 5 to m., from the 3B. ADDRESS . More	eleauses and on	L, that I last saw the
24A. BURTAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 20, 1951 DATE RECEIVED BY LOCAL REGISTRAR	Holy Redeemer	Cemetery 430 E 25. FUNERAL DIRECTOR Schimunek Funeral	CATION (City, Low)	altimore. Md.
VS 150	1 2 4 1	00073		7.0



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) (Charles J.Schriefer) Charles Schriefer DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH STATE B. COUNTY A. Baltimore City, Maryland before admission) Md. (If not in hospital or institution, give street address or Baltimore City Hospital socation) B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 619 N. Montford Ave. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years H Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White Male July 4, 1876 Single 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekinder 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ma. Shipyard Laborer U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Schriefer Margaret Luchhardt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO B. C. H. Records, 4940 Eastern Ave. LYO lvone INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (A) Pulmonary Tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 Diabetes Mellitus

TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location)

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER ebout bome, farm, fectory, street, office bldg., etc.)

INJURY OCCUR? 21F. HOW DID INJURY OCCUR?

LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

D. TIME (Month) (Day) (Year) (Hour)

WORK

INJURY

22. I hereby certify that I attended the deceased from 3-16-51, 19, to Aug. 16, 1951, that I last saw the

23B. ADDRESS

deceased alive on Aug. 16, 19 51, and that death occurred at 7.10 M from the causes and on the date stated above. 23C DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial

23A. SIGNATURE

4940 Eastern Ave. 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) holy Redeemer Cemetery

Belair Rd.Balto:Md.

DATE RECEIVED BY LOCAL REGISTRAR

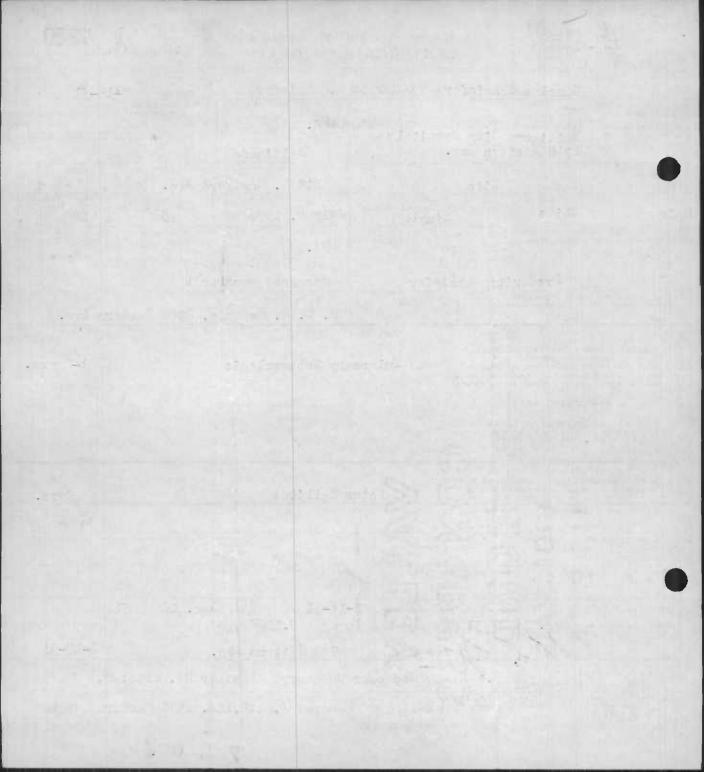
8-20-5T Muanus, Mit

25. FUNERAL DIRECTOR George J.Ruth, Inc. -1755 Harford Avenue

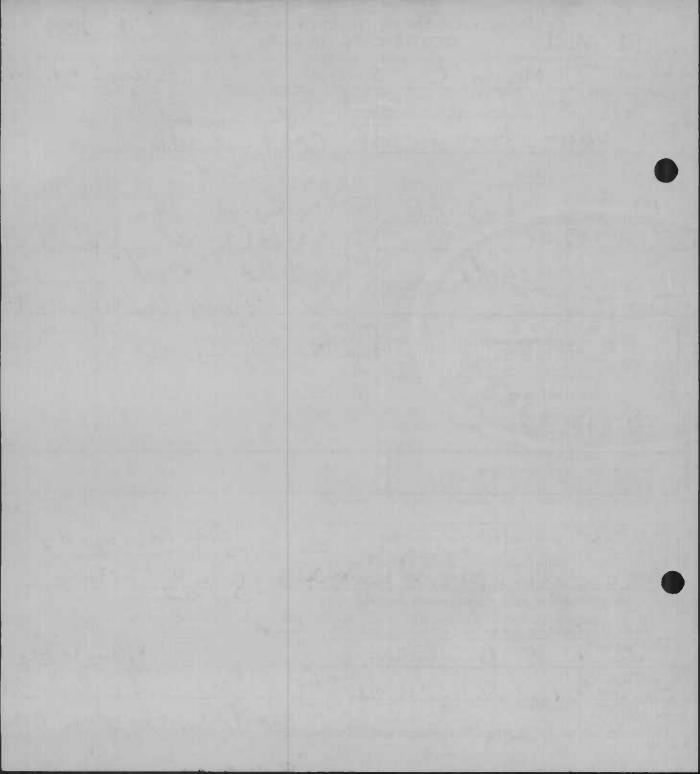
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED MELVIN (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If mistitution: 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR (If outside corporate limits, write RURAL and pro-INSTITUTION EMORIAL (If rural, give location) Mos. gth of stay in Baltimore Days 7. SINGLE, MARRIED. Li Under I Year 5. SEX 6 COLOR OR RACE WIDOWED, DIVORCED (Specify) last birthday) Months. Days Hours. Mir. 16 108. KIND OF BUSINESS OR 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekindof) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 15. WAS DECEASED EVER/IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO (Yes, no or unknown) CAUSE OF DEATH 18 ONSET AND DEATH 3.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOFSY 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH. Shawar Pd Hickory ZE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) INJURY NOT WHILE TO AT WORK 22. I certify that I took charge of the remains described above, held an _ = thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d.ed on the day stated above. and death in my opinion resulted from: natural causes [], accident . suicide [], homicide [] undetermined 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION REMOVAL (Specify 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR V S 151



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 4613 Park 18 A. STATE B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITA OR TOWN (If outside corporate limits, write RURAL and give Aownship Yrs. D. STREET ADDRESS (If rural, give location) Mon c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 1 Year Months Days Hours Min. WIDOWED, DIVORCED (Specify) willow 10A USUAL OCCUPATION (Givekind of 11. BIRTUPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work some during most of working life, gree if retired) INDUSTRY WHAT COUNTRY? secu Tousewell 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш CAUSE OF DEATH .

21E. INJURY OCCURRED WHILE AT

23B. ADDRESS

21F. HOW DID INJURY OCCUR?

	WHI				
	7	7	1	1	

WORK 22. I hereby certify that I attended the deceased from , and that death occurred at

m., from the causes and on the date stated above.

deceased alive on_ 19 234. SIZNATUR 24A BURIAL, CREMA-TION, REMOVAL (Sperify) 24B. DATE

D. TIME (Month) (Day) (Year) (Hour)

240 NAME OF CEMETERY OR CREMATORY

24D. LOCATION (Sity, town, or county)

ADDRESS

23C DATE

DATE RECEIVED BY LOCAL REGISTRAR VS 150

Murial

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Horuster

M. D. B. 1268-9 & - 2 6 3 7223 HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF DEATH 1. PLACE OF DEATH Registered No. (If death occurred ln a hospital or institution, give its NAME instead of street and number.) 2. FULL NAME (a) Residence: No. 5 (Usual place of abode) (If non-resident give city or town and State) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month, day, year) MALE WHITE I HEREBY CERTIFY, That I attended deceased from WIDOWED 5a. If married, widowed, or divorced HUSBAND of BERTHA (ort-WIFE-ofto have occurred on the date stated above, at ... NOV. 19, 18 6. DATE OF BIRTH (month, dny, year) The principal cause of death and related causes of 7. AGE Years Months If LESS than importance were as follows: Date of onset 1 day,.....hrs. or....min. 8. Trade, profession, or particular klnd of work done, as spinner, RETIRED sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill, NORTHERN UTIL OF FLL | 11. Total time (years) this occupation (month and spent In this Other contributory causes of Importance: occupation ... 12. BIRTHPLACE (city or town) DECATUR (State or country) 13. NAME GEORGE Name of operation 14. BIRTHPLACE (city or town) What test confirmed diagnosis?......Was there nn autopsy? (State or country) 23. If death was due to external causes (violence) fill in also the following: 15. MAIDEN NAME MARIE (UNKNOWN) Accident, suicide, or homicide?......Date of injury... 16. BIRTHPLACE (city or town) ILLINOIS Where did injury occur?..... (State or country (Specify city or town, county, and State) Specify whether injury occurred in Industry, in home, or In public 17. INFORMANT LEO C. ECKERT (Address) 5204 GREEN WICH AVE Manner of injury .. 18. BURIAL, CREMATION, OR REMOVAL STERLING, ZLHING Place REMOVAL Date AUG. 19 151 Nature of Injury... 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER 21 ...If so, specify. Entirology / Millauld, A (Address) 420 9 Huderick Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decendant retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at school or at home. For a woman whose only occupation was that of home housework, write housewife in Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, how do note the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person whe had occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mech icol engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, machinetc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be call a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death as related causes, name earlier morbid conditions, if any, related to the principal cause and any important complicate of the principal cause. Under other contributory causes of importance, name other important diseases or injure Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	1) ate of onset	The principal cause of death and related causes of importance were as follows:	Date of
Arteriosclerosis	1915	Attack of epilepsy	1 week
Chronic interstitial nephritis	1921	Run over by street car	1 week
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance: Gastroenteritis	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

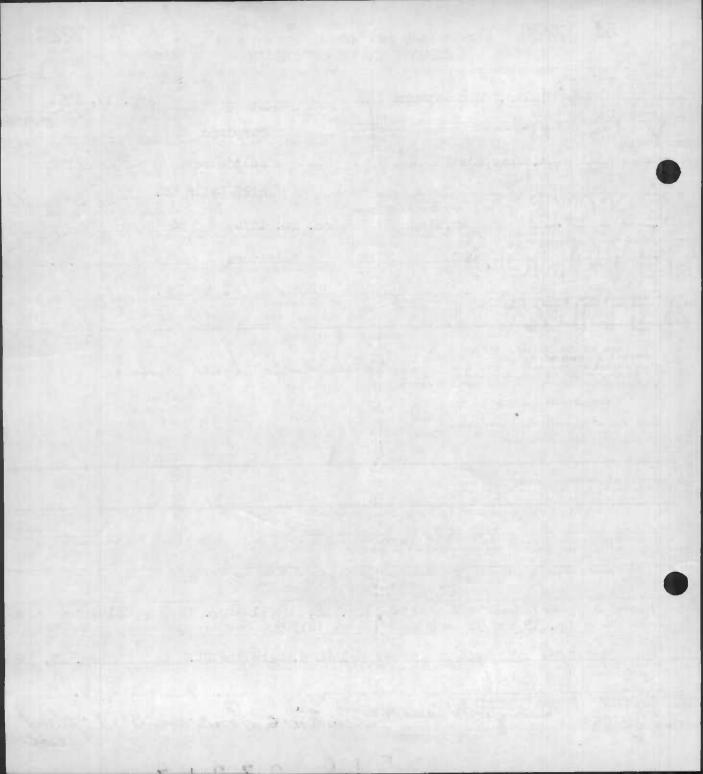
BALTIMORE CITY HEALTH DEPARTMENT

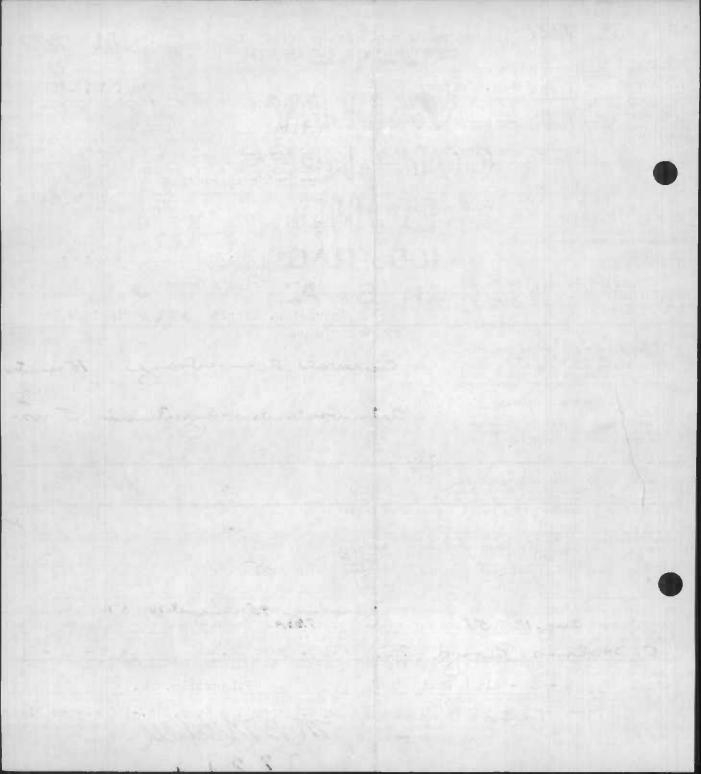
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BI	CERTIFICATE OF DEATH Register	ed No
1. (Ty	ME OF DECEASED THA G.R FISHER. 2. DATE OF DEATH A	ug 16-V1
B. I	ltimore City, Maryland 2013 Culford Was A. STATE LL NAME OF (If not in hospital or institution, give street address or 26 23 Sulford W	
c.	Yrs. Yrs. D. STREET ADDRESS (If rural, give location Days) ngth of stay in Baltimore Days	2-0-2
5.	SUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country)	Months Days Hours Min.
Ä	acturing most of working life, even if retired) Output to Continue to Continu	12 CITIZEN OF WHAT COUNTRY?
15 (Yor	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL OF UNFORMANT 17. INFORMANT 17. INFO	ADDRESS
_	\$13-01-8332 Mu B Course 4919 &	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Leading To DEATH (A) ULUTE DUE TD	3 Pm
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	lis-
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
_	DA. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ND
EDICA	A. ACCIDENT, SUICIDE, OMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR?	ity, give exact location)
Σ	D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE	
	eceased alive on Aug 16, 1951, and that death occurred at La m., from the causes and o	95/, that I last saw the on the date stated above.
2	Stommer El Jodd M.O. 2108 St Paul St	8/17/51
TIC	grade aug 18-61 London Parla Baltemore	Maryand.
	RECEIVED BY REGISTRAR'S SIGNATURE 191951 LETTER MINISTER SIGNATURE 25. FUNERAL DIRECTOR	Took Haylo
	VS 150	. / 0/

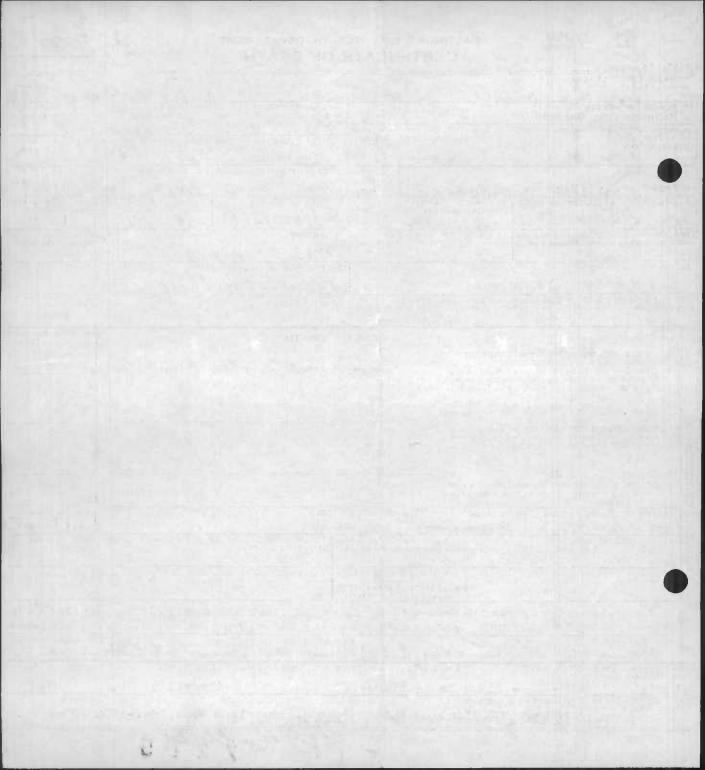
De Homer Lodd. 2108 St Paul. 2108 st lauf Be-4074

med gold to married Providence





263			
51 7228 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	51 Registered No.	7228
BIRTH NO.			
(Type or Print) Auce J. RICHARDS (MES B. Ho	(ward)	DEATH /7, Aug	2451 1957
3. PLACE OF DÉATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Whe	B. COUNTY	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION		tside corporate limits, wr	
UNION MONOPIAL FOSPITAL.	BALTINORE DISTRET ADDRESS (If ru)	Bral, give location()	() 2 township)
c. Length of stay in Baltimore YNKNOW N Days	Home Wood	ADTS CON	10 (31,80
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years linder last birthday) Months	
10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 112	CITIZEN OF
ork done during most of working life, even if retired) Now E	PENN SULVAN		WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	IE	
THOMAS E. JENICINS	MARGARET H. K	LINEFLETE	R
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDR	ESS
18. 120.0 CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
(Zano does not mean the mode of dying, c. g.,	in cleritie	heart deses	u ?
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING	***************************************	****************	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
(C)			
OTHER SIGNIFICANT CONDITIONS CDN-			
TD THE DISEASE OR CONDITION CAUSING IT.	RATION		20. AUTOPSY?
26 / 11 21 2	ESIDIKS.		YES NO X
21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., i. HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If	in Baltimore City, give	
No NONE			Elizabeth
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		OCCUR?	
m. WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from 27	JULY, 195/, to/7/	16457, 194, th	at I last saw the
deceased alive on 17 August, 1957, and that death occur	rred at <u>'6:031 m., from the</u> 238. ADDRESS		ate stated above.
	Union Menseria	A Hort Retter VE	- 17-5/
24A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify	RY DR CREMATORY 24D. LOC	ATION (City, town, or e	ounty) (State)
burial 8 - 20 - 51 Druid Ridge	Pike	esville, Md.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DRESS
AUG 201951 Huntington Williams, M.	John O.Mitchell &	ons inc1900	Eutaw Pl.
VS 150	11/13/11/11/11	all 5	930
The state of the s			1



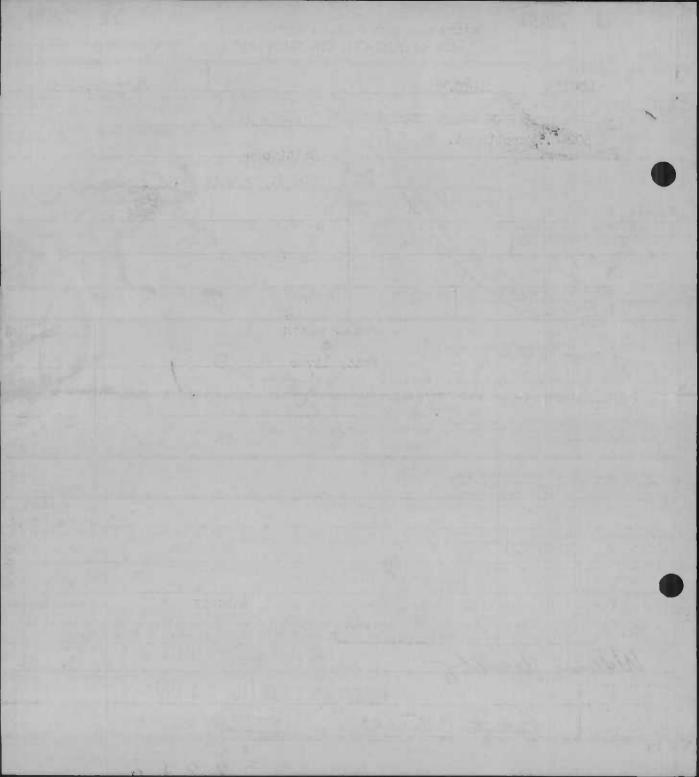
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51

Registered No.

BIRTH NO.						
Type or Print) LOUISE HARTLESS					2. DATE OF DEATH July	16. 1951
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, I	institution: residence before admission	
S. FULL NAME HOSPITAL OR INSTITUTION	502 W. Fay		ion, give street address or location)		f outside corporate limi	ts, write RURAL and give
c. Ogth of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (In	rural, give location)	
Female	White		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH		H Under 1 Year onths: Days Hours Min.
OA. USUAU OC ork done during most	CCUPATION (Give kind of of working life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTRY	11. RTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13 FATHER'S	NAME N	-11		14. MOTHER'S MAIDEN N	AME	
15. WAS DECEAS	EDOEVER IN U. S. ARMEI	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	ADDRESS
(This doe heart fail injury of DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS SOR CONDITIONS, 1 THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.; ns the diseaseaused death SES F ANY, GIVIT STATING TI ST. TIONS COT	(B)	y liver		
TRIBUTIN TO THE E	G TO THE DEATH, BUT DISEASE OR CONDITION	CAUSING I	ED	ATION		20. AUTOPSY?
21a EXTER	NAL CAUSE WAS	218. PLA	ACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City,	give exact location)
UNDERLYIN	IG OR CONTRIB- CAUSE OF DEATH.	about home,	arm, factory, street, office bldg., e	te.) INJURY OCCUR?		
21D. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	
the ev and de 23A. SIGNA	idence obtained by path in my opinion ture	said Autoresulted f	rom: natural causes	Autopsy, nquiry, find that said d accident [], suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	Inspection or Inquiry deceased died on the homicide , to EXAMINER 22	undetermined □. 3c. DATE SIGNED uly 16, 1951
OATE RECEIVE		S SIGNIATI	UNIVERSI	MEDICAL SCHOOL JUL	2 5 1951	ADDRESS
JG 2019		theter	Williams, M. #	OTHERS AN		ADDITEDS
V S 151	4.0	-	The state of the s	4 (1)	4	- 1 (5)

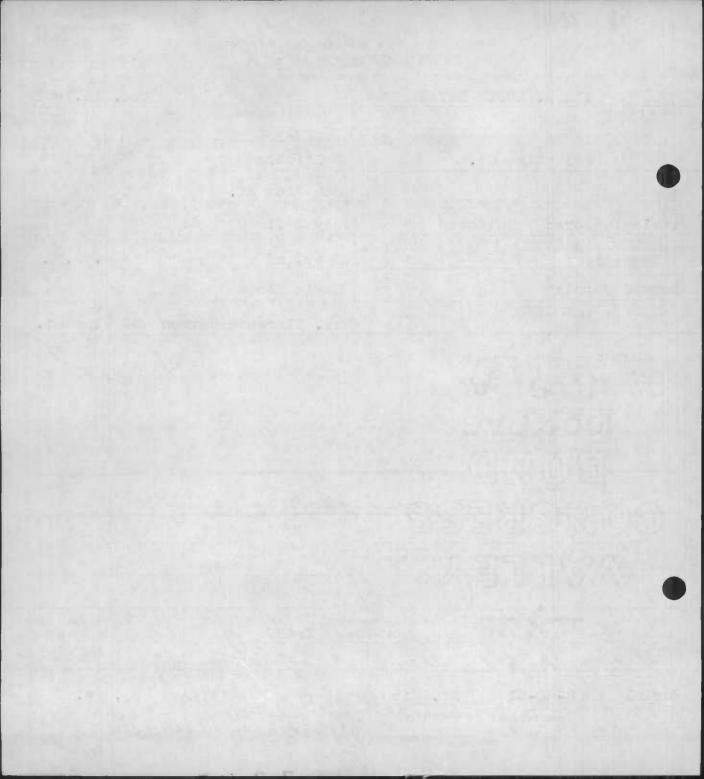
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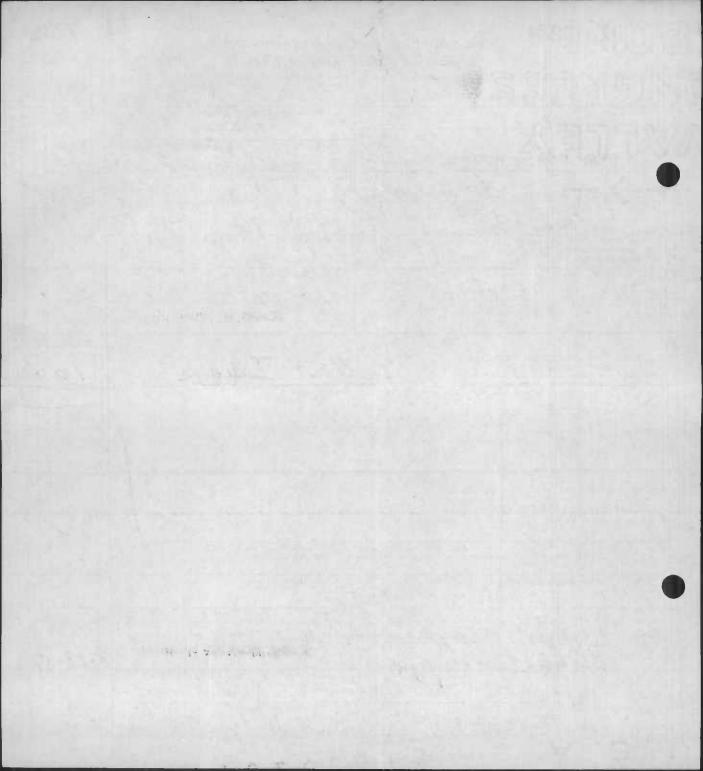


PALTIMODE CITY HEALTH DEBARTMENT

51 7230

CERTIFICATE OF DEATH Registered N	VO				
1. NAME OF DECEASED 2. DATE					
	. 15.1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admi. ion)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits)	o annita Tayra A V				
Baltimore 859 Vine St.	township.				
C. Length of stay in Baltimore Yrs. Mos. Days Days Days Distrect Address (If rural, give location) Solution					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years) ii					
Female Colored Widowed July 23,1910 41	nths Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of orking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Domestic Maryland	U. S. A.				
13. FATHER'S NAME					
Howard Cornish Mamie Scott					
TOO TO AL CHIEFLAND (1. 200) BILL MIT OF GROSS OF BOLLICO)	DDRESS				
Mrs. Florence Harmon 859	Vine St.				
DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH CAUSE OF DEATH (A) CAUSE OF DEATH (A) CAUSE OF DEATH (A) CAUSE OF DEATH (B) (A) CAUSE OF DEATH (B) (C)	ONSET AND DEATH				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. A PROPERTY OF THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7				
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	give exact location)				
Y. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 1, 150, to 1, 195 deceased alive on 1, 19	he date stated above.				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, TION, REMOVAL (Specify)	or county) (State)				
Burial 8-20-51 Mt. Zion Cemetery, Baltimore Co.	. Md.				
DATE RECEIVED BY REGISTRARY REGISTRARY REGISTRARY MANAGEMENT AND THE PROPERTY OF THE PROPERTY	ADDRESS				
VS 150 72081 48 B	A. Suidio				





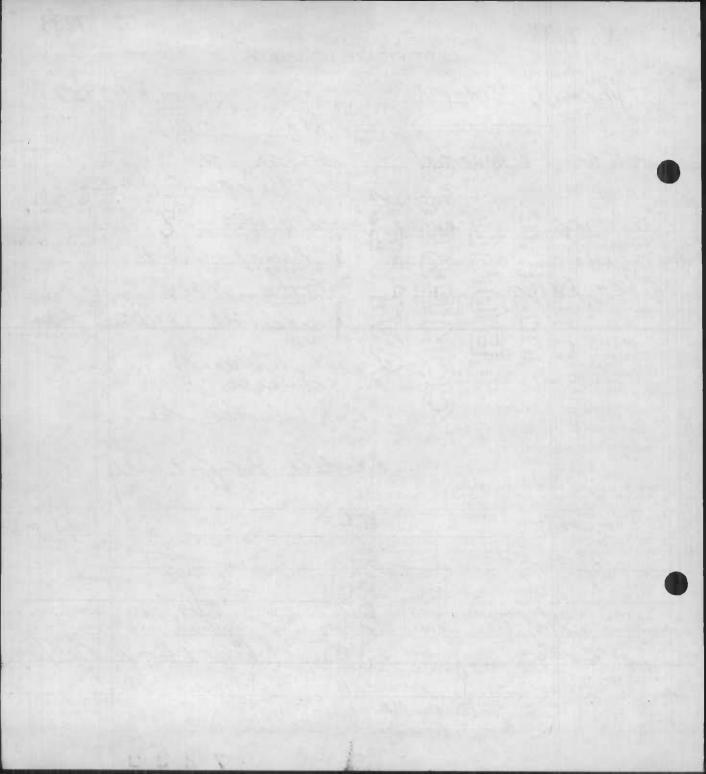
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7232 Registered No.

BIRTH NO.	OLIVIN TOXIII			
1. NAME OF DECEASED (Type or Print)	eorge Miller	2. DATE OF DEATH	18-51	
THE STATE OF THE S	Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before admission)	
HOSPITAL OR	al or institution, give street address or location) ghland Avenue	c. CITY OR TOWN (If outside corporate limits, w	write RURAL and give	
c. Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)		
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDSWED PLYORCED (Specify)		ler I Year II Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12 Baltimore . Md.	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Nenry Miller		Mary Stern		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.		RESS	
		Mrs John Arnold 1122 S. High	INTERVAL BETWEEN	
DISEASE OR CONDITION I	DIRECTLY	OF DEATH	ONSET AND DEATH	
(This does not mean the mode of heart failure, asthenia, etc. It men injury or complication which co	is the disease,	am a, dromain	Affile 4 man	
ANTECEDENT CAUS	ES			
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS				
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
. 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTO-547				
YES NO LACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?				
m. WORK AT WORK				
22. I hereby certify that I attended the deceased from 1981, to 1881, to 1981, that I last saw the				
deceased aline on 1961, and that death occurred at 10 m., from the causes and on the date stated above				
Mount Joel		1513 N. M. 117 m au		
24A. BURIAL. CREMA-1 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (btate)	
TION. REMOVAL (Specify) 8-22-51 Schwartz's Baltimore, Md.				
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE		DDRESS Wolfe Street	
- AUG 2 0 1951		,		
VS=190 - 1001,	43	06A 07210	466	

1513 n. Walter Cire

550	× 51 '7233
51. 7233 BALTIMORE CITY HE	** *
BIRTH NO.	E OF DEATH
(Type or Print) Homan, Munecua	2. DATE 0F 8/19/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) II Undai 1 Year II Undai 24 Hours
WIDOWED, DIVORCED (Specify)	Oct 11, 1862 Roth Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, even if retired)	11. BIRTHPL CE (State or foreign couldby) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Walker, Phillip (Pa.)	Fritz, Mary (Pa)
15. WAS DECEASED VER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. /// CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSEI AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	erteusive Gandio Vaseular ?
ANTECEDENT CAUSES	ort Salumis Len
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
U CN	die schillering.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	//
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS	ATION 20. AUTOPSY?
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg	
10. TIME (Month) (Day) (Year) (Hour) 21E. NJURY OCCURR	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1915, 19, and that death octume.	rred at 100 m., from the causes and on the date styled above.
	238. APDRESS 1 23C. DITE SIGNED
24A. BERIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, Jown, or equinty) (State)
Philips & Somerse	& Somersel, Terrodal.
DATE RECEIVED BY REGISTRAR'S LICHARDES	Stewart & Mreven Co. 108 W. North Unc
VS 150	a Balta al Mel
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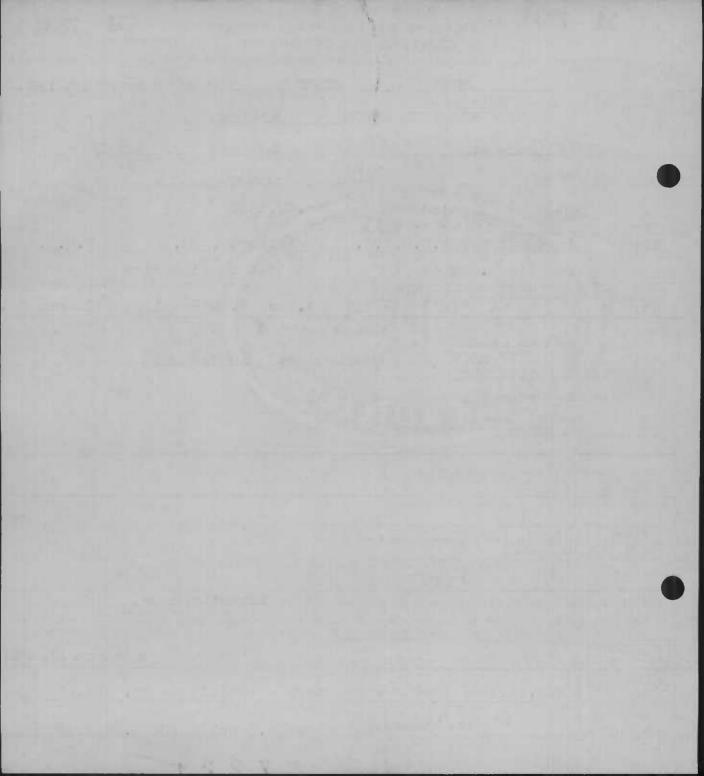
25. FUNERAL DIRECTOR

Elmer w. Conklin 924 E. Eacer St

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

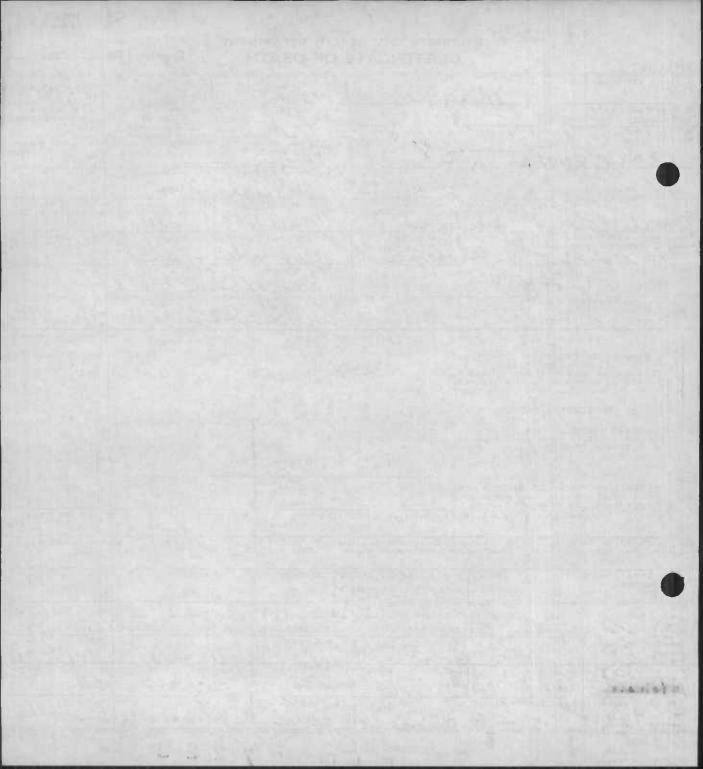


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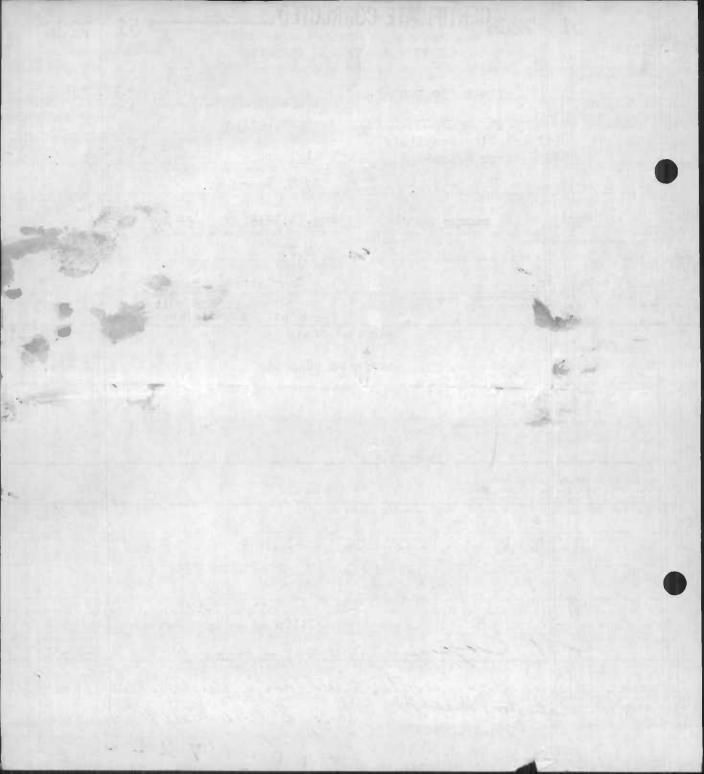
	.,,,,,	CERTIFICATE	F OF DEATH	Registered No.
	RTH NO.	021(111110)(111		
1. (T	NAME OF DECEASED ype or Print)	Magail	Green	2. DATE OF DEATH aug. 17, 1951
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If institution: residence B. COUNTY before admission
H	OSPITAL OR ISTITUTION	or institution, give street address or location)	C. CITY OR TOWN (If ou	tside corporate limits, write RURAL and give
	TROIXENNAT	AUE	Dalkmore	19-03
c.	Length of stay in Baltimore	1900. Yrs. Mos. Days	1801 Penna.	al, give location)
5.	SEX 6. COLOR OR RACE 7	7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	B. DATE OF BIRTH S	AGE (In years ff Under 1 Year II Under 24 Hours Months: Days Hours Min.
10	done doring most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country) 12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	nun	14. MOTHER'S MAIDEN NAM	- Washington
15 (Yes	WAS DECEASED EVER IN U.S. ARMED F s, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	William H. To	rooke, 1901 Penna. au
	18. 447 X	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DI			ONSET AND BEAT
	LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	dying, e. g., (A) Whith the disease,	ria	10 days
	ANTECEDENT CAUSES		B. Dr.	
ATION	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE DUE TO	s renul susu	feciency & mass
윤		(C)		9
ERTI	OTHER SIGNIFICANT CONDITI	ONS CON-		
Ü	TO THE DISEASE OR CONDITION C	AUSING IT.		
SAL		MAJOR FINDINGS OF OPER		YES NO
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		n Baltimore City, give exact location)
2	D. TIME (Month) (Day) (Year) (Finjury	Iour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?
	22. I hereby certify that I atten		Jy \ , 1956 to Aug	ust 17, 1957, that I last saw th
	deceased alive on August 15,	1951. and that death occur	red at 11:15 Hom., from the	causes and on the date stated above
	23A. SIGNATURE C. C. WILL		100 Le constan	23c. DATE SIGNED
Z4	AA. BURIAL, CREMA- 24B. DATE	1951 nd. grm	RY OR CREMATORY 240. LOC emelery Bo	ATION (City, town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S AUG 201951	SIGNATURE	25. FUNERAL DIRECTOR	wan 1708 Danied Hella

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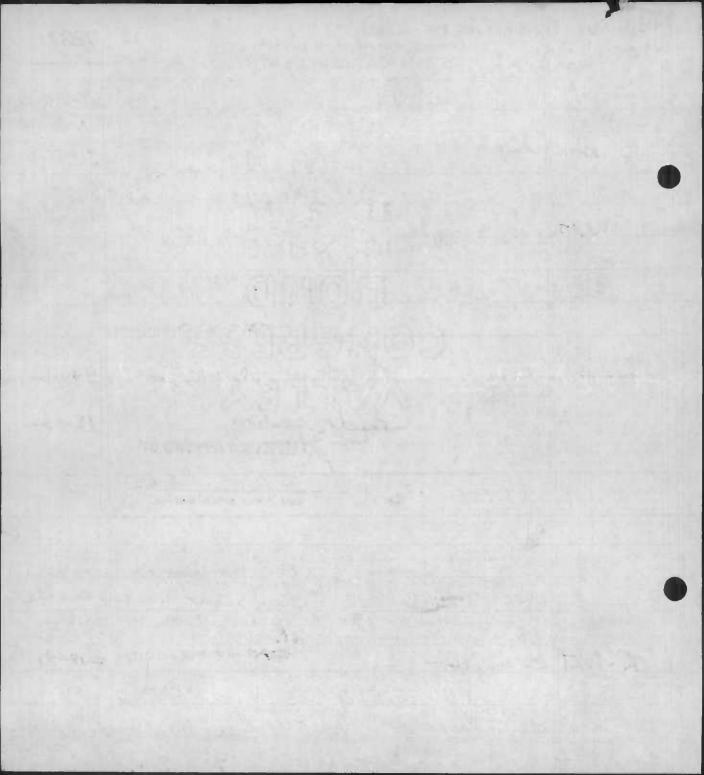
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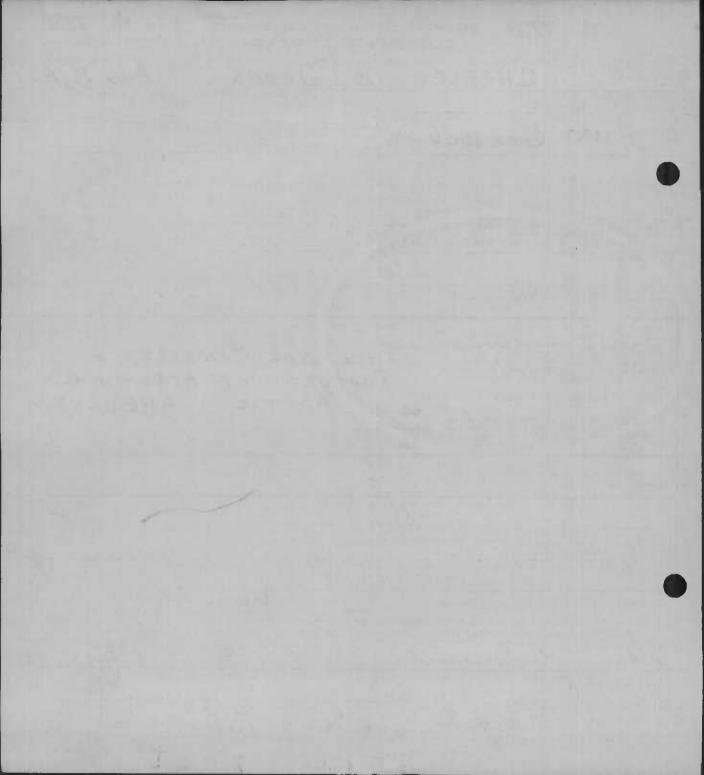


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ND-151314 BIRTH NO.		BAI	CERTIFICAT	EALTH DEPARTMENT Re	gistered No
1. NAME OF D (Type or Print)		Horace	Jackson Jr.	2. DATI OF DEAT	Aug.17,1951
3. PLACE OF D	City, Maryland			4. USUAL RESIDENCE (Where decea	
B. FULL NAME HOSPITAL OR	OF (If not in hospit	al or institut	ion, give street address or		
INSTITUTION			Hospitals location)		porate limits, write RURAL and give township)
	4940 Eas	tern Ay	Yrs.	Baltimore o. STREET ADDRESS (If rural, give	location
c. Length of s	tay in Baltimore		9 Yrs. Mos.	847 W. Lemon St.	
5. SEX	6. COLOR OR RACE		E. MARRIED.	8. DATE OF BIRTH 9. AGE	In years H Under 1 Year H Under 24 Hours
Male	Negro	474	ED, DIVORCED (Specify)	Aug.11,19131902 38	rthday) Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN OF
LA	BINE	6	e com e	S.C.	WHAT COUNTRY?
13. FATHER'S				14. MOTHER'S MAIDEN NAME	
	Jackson Sr.			Charlotte Jackson	
15. WAS DECEASI Yes, no or unknown)	ED EVER IN U. S. ARMEI (If you, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Records: 4940 Easter	ity Hospitals
18. /	79x.		CAUSE	OF DEATH	INTERVAL BETWEEN
DISEAS	DISEASE OR CONDITION DIRECTLY				
(This does	LEADING TO DEA	f dying, e. g	. (A) Carcin	oma of penis	2 Yrs.
	re, asthenia, etc. It mea complication which c				
	ANTECEDENT CAUSES				
DISEASES	S OR CONDITIONS, II	ANY GIVIN	(8)		
RISE TO T	HE ABOVE CAUSE (A)	STATING TH			
3			(C)		
	11				
TRIBUTING	IGNIFICANT CONDI	NOT RELATE	0		
	ISEASE OR CONDITION				
A ISA. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATTON	20. AUTOPSY?
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or about bome, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, gardener, factory, street, office bldg., etc.) 1NJURY OCCUR?				
Σ	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR	,
INJURY			WHILE AT NOT WHILE		
00.71	4.6 41 47 4	m.	WORK AT WORK	1/1 2051 9 17	10 51
descared a	y certify that I att live on 8-17	ended the	deceased from 8-	-14 , 1951, to 8-17	
23A. SIGNAT		., 19		rred at 7:10p m., from the causes	23c. DATE SIGNED
	4.0.	Che.	Teas M. D. L	1940 Eastern Avenue	8-18-51
24A. BURIAL, O	CREMA- 24B. DATE	0	24C. NAME OF CEMETE		(City, town, or county) (State)
Buria		2.1931	Jumler	South Carriese Sunt	erlany s, C,
LOCAL REGIST	D BY REGISTRAR	THE WAY	Laure Hell	Posexil a. Livel 66.	W. Barre St
VS 150	and the se	or tollowing his of	9700	2-1007	2 2 3 51)

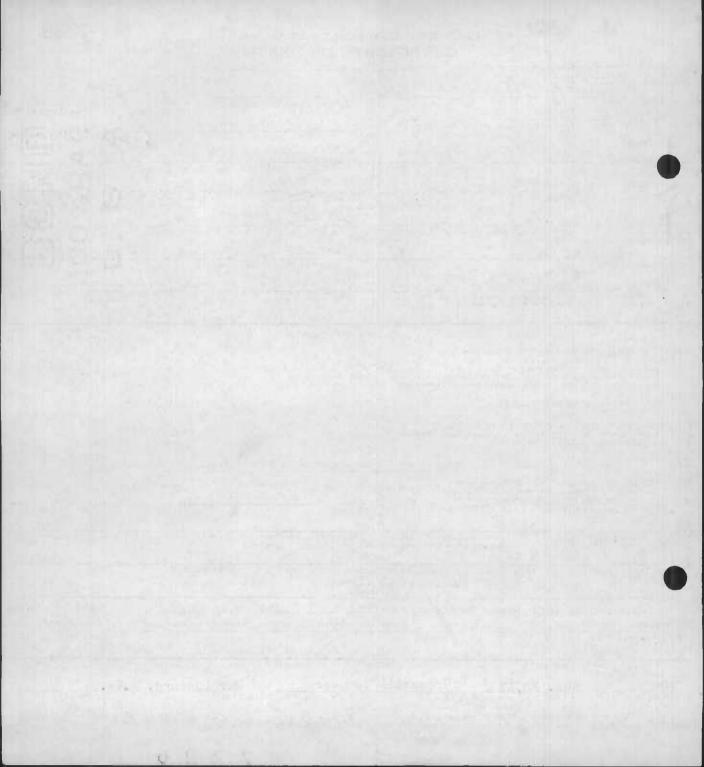


Medical Examiners	51	7237
200 98 released to BALTIMORE CITY HE	ALIA DEPARTMENT	
1. NAME OF DECEASED (Type or Print)	2. DATE OF A	1.1010
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If idea, STATE B. COUNTY	stitution : re idence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION HOPKINS HOPKINS HOPKINS HOPKINS	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give town (hip)
Yrs. C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	700
5. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		der I Year H Under 24 Hours hs: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Or along.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	dengertion CERTIFICATION APPROVED BY	18 mgs
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ONLEF OR ASST. MEDICAL ENAMINER.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. R., ir about home, farm, factory, street, office bidg., c CAUSE OF DEATH 2. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from deceased alive on 19 1, and that death occur 23a. SIGNATURE 24 M. D.	21c. WHERE DID (If in Baltimore City, give) INJURY OCCUR? 21f. HOW DID INJURY OCCUR? Eating paint If we red at 0 f. m., from the causes and on the	indow Siel that I last saw the
24A. BURIAL CREMA- 24B. DATE 1 24C NAME OF CEMETER NO. REMOVAL (Specify) 8/20/51 DUFFIEL	RY OR CREMATORY 240. LOCATION (City, town, or DUFF/ELD	county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	WAN J Turmer of Some meer	th frem
vs 150 rtification to ber	approveda a 18	B and





600 51 1920	54	PMO 000
DA TEST BALTIMORE CITY H	EALTH DEPARTMENT	7239
CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) GREY, AUDREY WIND	FRE.D 2. DATE OF DEATH (LUG. 1	9,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived it inst	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Drest heginea V-4	and the state of t
HOSPITAL OR location	C. CITY OR TOWN (If outside corporate limite, w	rite RURAL and give township)
Atlan for Nomen of Md.	D. STREET ADDRESS (If ruyal, give location)	
c. Length of stay in Baltimore Ashroy. 1 Mos. Days	M. 2 M. 1 /2 / /	e .
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WYDOWED, DIVORCED, (Specify	8. DATE OF BIRTH // 9. AGE (in year) If Under	s Days Hours: Min.
Menale White married	March 13, 1911 40	
TOA. USUAL OCCUPATION (Givekind of tobs. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	61.40.40.
James Howard Staffes	Alice E. Couchma	N /
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT WITH LEAD TO	RESS
18. /// CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	e Pulmonay Clema	Minutes
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES	nic / Least Failure	10100
O DISEASES OR CONDITIONS, IF ANY, GIVING	me / team - arine	4 years
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OL (c) au	rienlas Fibiliation	550
	ne to Rheumatic I deart Deserge	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	- no Ristory)	<u> </u>
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If in Baltimore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
MHILE AT NOT WHILE AT WORK AT WORK		
22. I hereby certify that I attended the deceased from any	9. 19, 1957, to aug. 19, 1957, t	hat I last saw the
deceased alive on aug. 19, 1951, and that death occu	rred at 6:00 pm., from the causes and on the	date stated above.
al CD	0 -10	13c. DATE SIGNED
24A, BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE		V
BURIAL Aug. 22.51 Greenhill Cen	metery Martinsburg W.Va.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
LOCAL REGISTRAR Turtington Williams, M.	Rom. & Tickner 508000 Bak	to 12 Md
AUG/5150		3
have	0 0 0 7 2 2 6 9	2)



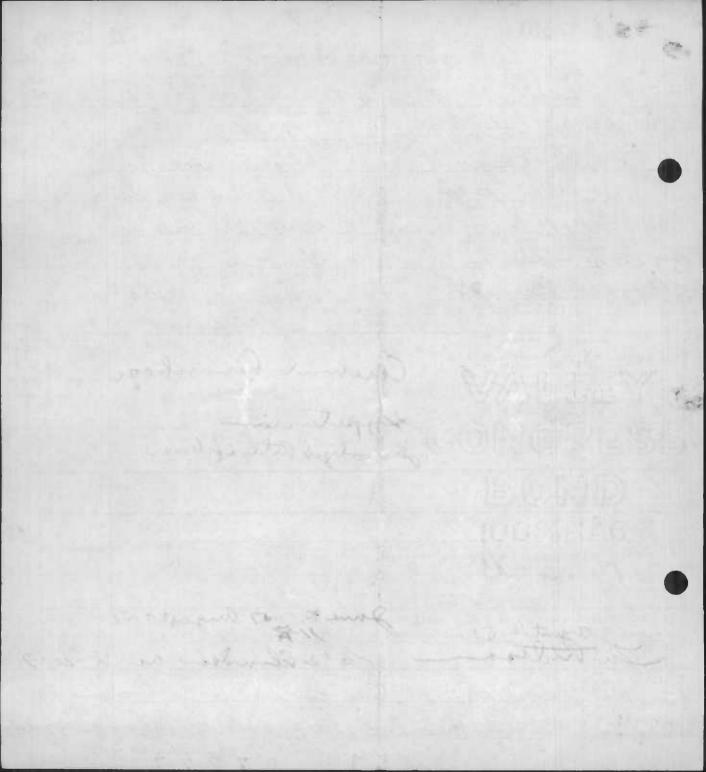
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BALTIMORE CITY HEALTH DEPARTMENT

51. 7240 Registered No.

BIRTH NO.	AIL OI BLAIII
1. NAME OF DECEASED (Type or Print) When	rett 2. DATE OF DEATH Jug 16, 195
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased fived, If inditution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street add HOSPITAL OR	ress or ation) C. CITY OR TOWN (If outside corporate limits, write RURAL and give
2011 Eager St	Baltimael - 06 township
	Yrs. D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 18 47.	Days 20/16. Eager Sh
M. C.A. Marverey	Specify) 8. DATE OF BIRTH AGE (In years H Under I Year last birthday) Nonths: Days Hours Min.
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS (work-done during most of working life, even if retired)	OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Fort room a genetar	Leorgia
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	I eme Dennett
(Yes, ao or unknown) (If yes, give war or dutes of service) SECURITY	NO. 17 NFORMANT ADDRESS
18. 3.3 CAL	SE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	O O O O O O O O O O O O O O O O O O O
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	rehal therashage
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	april 1
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	emlined aterischmens
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office CAUSE OF DEATH	(e. g., in or bldg, etc.) 21C. WHERE DID (If in Baltimore City, give exact location)
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCC	CURRED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT	WHILE WORK
22. I hereby certify that I attended the deceased from	June 30, 19 1 to lugue 1, 19 1, that I last saw the
deceased alive or designat / 6, 1951, and that death	
23A. SIGNATURE COLORISMAN. M.	238, ADDRESS 23c. DATE SIGNED
	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial augzo/51 ml	"alray len. a. G. County md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 7 0 1951 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mrs (Asbert (1 Ellitty Daugel

69084 1129 n. Carling ST 83a



	DEATH	Registered No.
		2. DATE

BIRTH NO. CERTIFICAT	TE OF DEATH Registered No					
1. NAME OF DECEASED	2. DATE					
(Type or Print) Edward Thomas	OF DEATH Aug. 19. 1951					
a. Baltimore City, Maryland Balto City	4. USUAL RESIDENCE (Where deceased lived. If institution : residence					
B. FULL NAME OF (If not in hospital or institution, give street address						
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RURAL and give					
St. Joseph's	Baltimore 7-04 township					
Yrs.	o. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore 3 Yrs. Mos	1 2 0 2 0 T3 (3) (3)					
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours) Months: Days Hours: Min					
W. Colored Single	June 27, 1911 40					
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF					
Mechanic Repair Shop	Virginia U.S.A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Richard Parham	Helen Tewis					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Helen Lewis 17. INFORMANT ADDRESS					
(11 yes, give war or dates of service) SECURITY NO.	Lucile Andrews 1919 E. Chase St					
18. 541.0 and 153 X CAUSE	OF DEATH					
DISEASE OR CONDITION DIRECTLY	ONSET AND OEAT					
(This does not mean the mode of dying, e.g., (A)	he Sub-Mirene wheren					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) (A) (A) (B) (B)						
(B) OST - Mustice						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
M TRIBUTING TO THE GEATH, BUT NOT RELATED						
TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?					
	adhesions, postoperative (OVBT) YES X NO					
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.	in or 21c. WHERE DID (If in Baltimore City, give exact location)					
W CAUSE OF DEATH	,, etc.) INJURY OCCURY					
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE AT WORK AT WORK						
	ch 16 , 1951, to Aug. 19 , 1951, that I last saw th					
	urred at 1:50p.m., from the causes and on the date stated above					
23A. SIGNATURE	23B. ADDRESS 23C. DATE SIGNED					
1. Joseph Kresia M.O.	1400 N. Caroline St. Aug. 19, 199					
	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
Bannia 1 0/07/2053// 351 T " "	eman Dinwinddie Co Ve					
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS					
LOCAL REGISTRAR	Choer o. Wilson 1000 Beautiga					
AUG-210-1951						
Control 201	5284 2220 HE					
. ,).	77 6 7 6 2 9 7					

Causes or operations:

3/1 /51 - Subtotal Gastrectomy for blooding duodenal ulcer.

12/11/50 - Right Hemicolectomy for carcinoms of cecum

3/10/51 - Release of intestina adhesions.

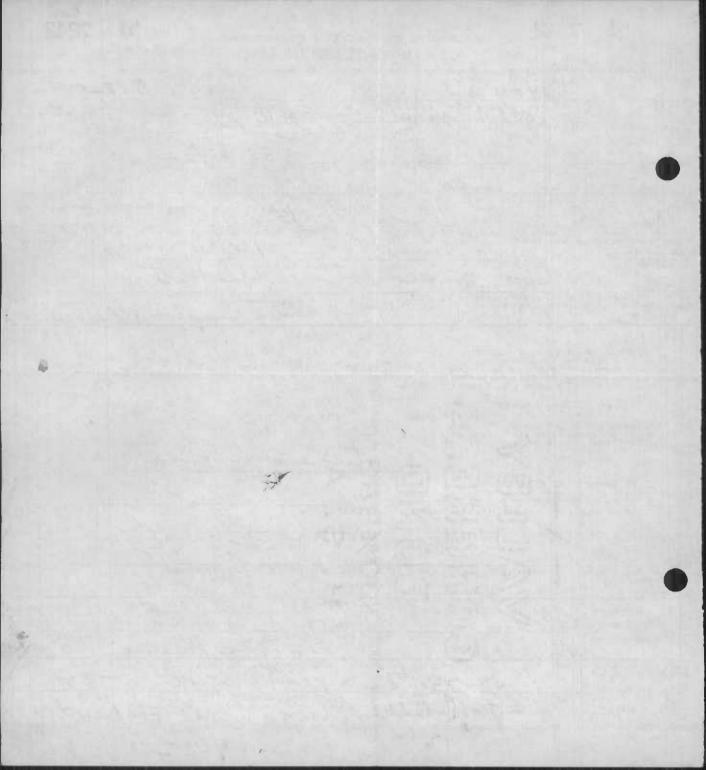
4/19/51 - Explorator Laparotom for segental ileus

6/20/51 Resection of terminal il um - regional ileitis

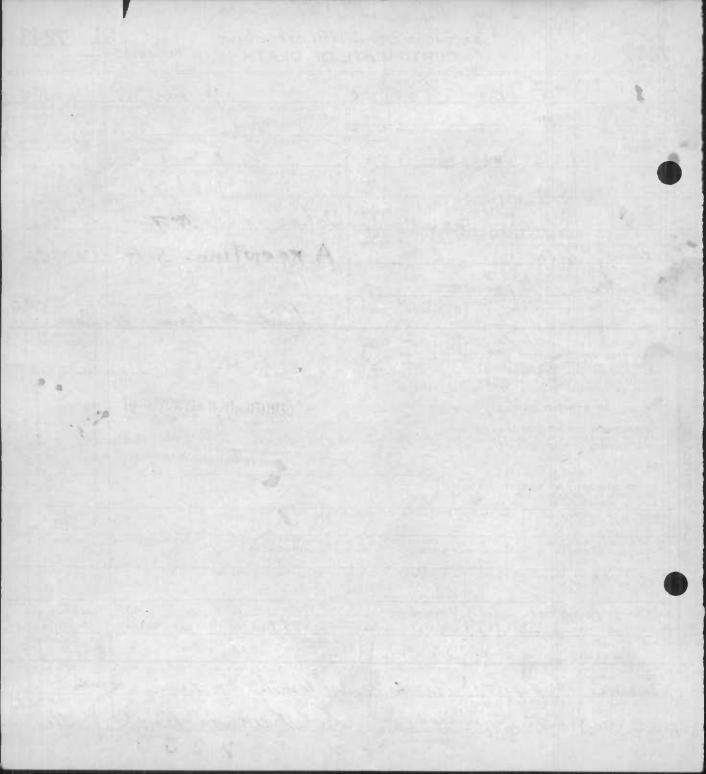
BALTIMORE CITY HEALTH DEPARTMENT

51 '7242 Registered No.____

BIRTH NO.	2 OI BEATT				
1. NAME OF DECEASED (Type or Print)	2. DATE OF 0-17-5-1				
S. PLACE OF DEATH: A. Baltimore City, Maryland 855 N Lairmoun Que B. FULL NAME OF (If not in bospital or institution, give street address or	A. STATE BUT (Where deceased lived. If institution: residence B. COUNTY before admission)				
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
· ·	833 H. favringend are				
c. Length of stay in Baltimore A le Yrs. Mos. Days	b. STREET ADDRESS (If rural, give location)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under I Year of Under 1 Y				
10A. USUAL OCCUPATION (Give kind of or kind of or business or industry) The desiring most of working life, even if retired) The desiring most of working life, even if retired) The desiring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME ACTAINS Servere	14. MOTHER'S MAIDEN NAME THE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS AW				
72 7	western Jungson 85 SW. farmour				
	OF DEATH ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	a Cardiac Disecce 6 mos				
injury or complication which caused death.) OUE TO	0 6 1 -				
DISEASES OR CONDITIONS, IF ANY, GIVING					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	KEYLOR CHESTON OF THE RESIDENCE				
art	eria schlarosis 2 yrs				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (c. g., in HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	n nr 21c. WHERE DID (If in Baltimore City, give exact location)				
A HOMICIDE (Specify) about home, farm, factory, street, office bldg., e	MJORY OCCOR?				
O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI					
m. WHILE AT NOT WHILE AT WORK					
22. I hereby certify that I attended the deceased from	1, 19, to 8 17 5, 19, that I last saw the				
	rred at Morkin., from the causes and on the date stated above.				
J.N. ardozo M.O.	1524 April Aul ang 8-18-51				
24A. BURIAL, CREMA 24B. DATE 24E. NAME OF GEMETE TION REMOVAL (Specify) 8 J/ Bulling	RY OR CREMATORY 240. LOCATION (Cit., town or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	Elineral DIRECTOR ADDRESS ADDRESS W				
VS 150					
975	2990 07227 729				



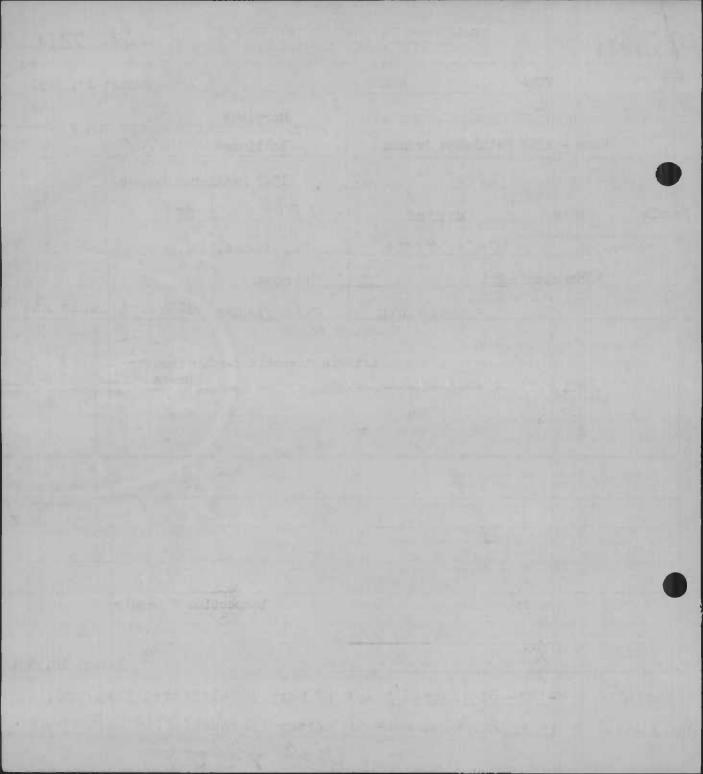
, C	N. In approved by	the mich	w yamines		
BIF	7243 PTH NO.	CERTIFICATI	E OF DEATH	S1 Registered No_	7243
	NAME OF DECEASED []]	Hohne		2. DATE OF DEATH	19-51
	Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If institu B. COUNTY	ution : residence before admission)
HO	ULL NAME OF (If not in hospital or inst. SPITAL OR	tution, give street address or location)	c. CITY OR TOWN (If or	utside corporate limits, writ	e RURAL and give
INS	5/20 Nels	ON AVE	BA	LT. 2	township)
	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)	1/6
	SEX 6. COLOR OR RACE 7. SIN	Days GLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years H Under 1	
	/N W	OWED, DIVORCED (Specify)	Oct 15, 1893	last birthday) Months	Days Hours Min.
10A	. USUAL OCCUPATION (Give kind of long during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		VHAT COUNTRY?
13.	FATHER'S NAME	(M)	14. MOTHER S MAIDEN NAM	ME /	u.S. A.
	Sam Rohr	el.	Passe		
15. (Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES no or unknown) (If yes, give wer or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT, Gestrude /20	have net	SS 5/20
	18. 477, 1	CAUSE	OF DEATH		NTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY	S. C. V. H.	0	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused de-	sease,	J		
	ANTECEDENT CAUSES	552 75	CERTIFICATION	APPROVED BY	
Z	DISEASES OR CONDITIONS, IF ANY, G	(B)	W. H. M.C.	Clafferty, "	9
ATI	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		fronly/8	Durlander	
의		_ (C)	CHIEF OR ASST. MI	EDICAL EXAMINER.	
ERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED			
7		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
CA		PLACE OF INJURY (e.g., i		in Baltimore City, give es	xact location)
MEDI	HOMICIDE (Specify) about he	me, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	ID. TIME (Month) (Day) (Year) (Hour) FINJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR7	
	22. I hereby certify that I attended t		, 19, to		nt I last saw the
	deceased alive on 3 14, 19 5		rred at 6:55 m., from the		te stated above.
	Marina 1: 12	mulmit M.D.	Luth. Hos	P. 8-	-19-51
24 TIO	A. BURIAL, CREMA- N. REMOVAL (Specify)	24C. NAME OF CEMETE	1111	CATION (City, town, or con	
DA	TE RECEIVED BY REGISTRAR'S SIGN	ATURE ASIA	25. EUNERAL PRECTOR	them aw	ORESS //26
LO	CAL REGISTRAR	Policians, Mill	Sol Leverson	21 Bus W V	ath ave
=					
	VS 150	The second of a	116- 0 00	2 3 0	927



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 17244

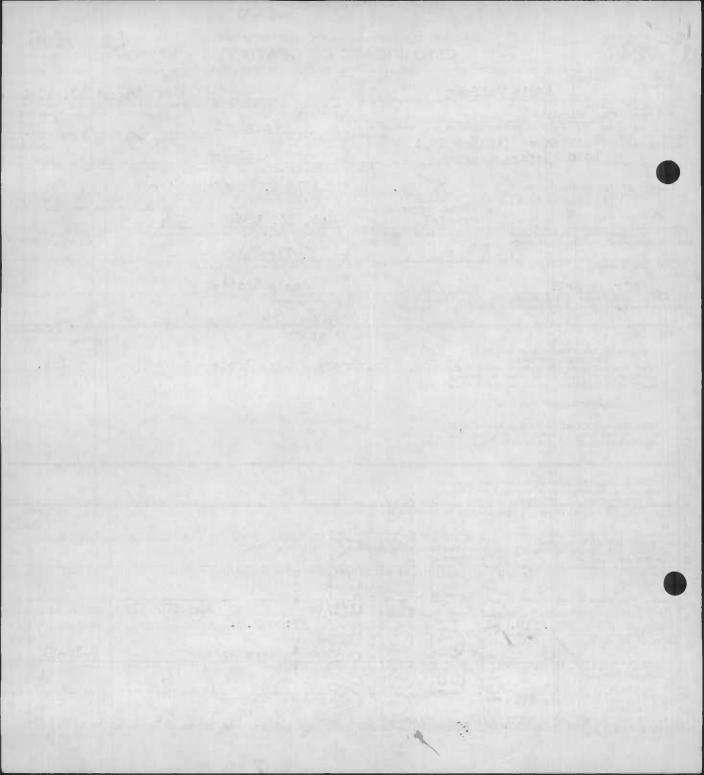
BI	RIM NO.					
1. (T	NAME OF DECEASED ype or Print)	TENA	ADAMS		2. DATE OF DEATH Augus	t 18, 1951
	FLACE OF DEATH: Baltimore City, Ma	ryland		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution: relia
	FULL NAME OF (If	not in hospital or instit	ution, give street address or location)	Maryland	1	2
IN	CTITIESCAL	- 1327 Bethle		Baltimore	f outside corporate imits	township
			Yrs.	D STREET ADDRESS (If	rural, give location)	
С	gth of stay in B	altimore Lif	e Mos. Days	1327 Beth	lehem Avenue	
5.	SEX 6 COLO	R OR RACE 7. SING	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	1) AGE (In year. II	under I Year II Unit 24 Hours
Fe	emale Whi	Acres 1 was	erried	1004	66	
1C worl	A. USUAL OCCUPATION done during most of working life	a aven if notined)	ND OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	ow	N HOME	Baltimoré.	Md.	USA
13	FATHER S NAME			14. MOTHER'S MAIDEN N	AME	
	John	Zaminski		Unknown		
15 (Ve	. WAS DECEASED EVER I		16. SOCIAL SECURITY NO.	17. INFORMANT	AL	DDRESS
(10	(1, 500)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Unknown	John /Adams	1327 Feth	nlehem Ave
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease ANTECEDENT CAUSES					ONSET AND DEATH
CE	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	R CONDITION CAUSING	The state of the s			
_1	19A. DATE OF OPERA	TION 198. MAJO	R FINDINGS OF OPERA	ATION		YES NO X
EDICA	21A. EXTERNAL CAU UNDERLYING [] OR UTING [] CAUSE C	CONTRIB. about hom	LACE OF INJURY (e. s., in e, farm, factory, street, office bldg., et	or FIG. WHERE DID (lf in Baltimore City, g	ive exact location)
Σ	21D. TIME (Month) F INJURY	(Day) (Year) (Hour)	WHILE AT NOT WHILE AT WORK	ור ווט זוג IF. HOW וואן זוג.	Y OCCUR7	
	22. I certify that I	I took charge of th	e remains described at	bere, held an inspec	tion & inquir	thereon In Iron
ŀ	the evidence of	btained by said Au	topsy, Inspection or In	Autopsy, aquiry, find that said d XI, accident []. suicide	leceased died on the	day stated above.
	23A. SIGNATURE	18. Di	ulach M.		EXAMINER X A	e date sign b
24 TH	IA. BURIAL, CREMA- 2 DN. REMOVAL (Specify)	4B. DATE	24C. NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, town,	or county) (S
-	Burial	8 <u>*</u> 2I- 5I	Sacred Heart		ltimore, Ma	
D. LC	ATE RECEIVED BY FOCAL REGISTRAR	registrar's signat	TURE	25. FUNERAL DIRECTOR Walter Dabro		ADDRESS
AL	6 20 331	"hutright"	ING EMAN ING	Marcel Danio	1 A	
V	S 151	7		-21/atter	rousku	920 1



Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Weyers Grant ugen OF DEATH 3. PLACE OF WEATH:
A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If in Aution: re B. COUNTY B. FULL NAME OF (If not in hospital or institution HOSPITAL OR OHNS HOPKINS HOSPITAL (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give township; Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6 COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | 11 Under I Year | 11 Under 24 Hours | Months Days | Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) de 10A. USUAL OCCUPATION (Givokind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? tarmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. HOPKINS HOSPITAL **IOHNS** 18. 606 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOFSY 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 0 about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from the 3.5 19.5, to Use . 18, 19.5, that I last saw the 18, 1961, and that death occurred at 104. m., from the eduses and on the date stated above. deceased alige onle 13A/SIGNATION 23B. ADDRESS HOPKINS HOSPITAL 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248 DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

See Document File 51-7245 10/1/51

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Addie Hoffman DEATH August 17. 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR (If outside corporate libits write RURAL and give Baltimore City Hospital INSTITUTION 4940 Eastern Avenue Baltimore p. STREET ADDRESS (If rural, give location) Yrs. Mos. 36 Yrs. 1215 N. Branford Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED. 9. AGE (in years If Under I Year II Under 24 Hours last birthday) Months: Days Hours: Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Oct. 16, 1894 Married 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? W. Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Kolb Annie Little 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 18. 007 X DISET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Pulmonary Tuberculosis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ō LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 11/1/48 19_, to Aug. 17, 519_, that I last saw the deceased alive on Aug. 17, 51 and that death occurred at 11:00 m. Mem the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (SPECIFY) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS 150



524	
BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No. 1247
1. NAME OF DECEASED (Type or Print) Charles Hans	Ceh 2. DATE OF AUG 18 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland / L. C. B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE / B. COUNTY before admission)
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITA location)	
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINDLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Ade 1 Hours Min. 7-28-49
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13-FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER 21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY MHILE AT NOT WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 4-deceased alive on 8-/8-, 1957, and that death occur	rred at 1230 An., from the causes and on the date stated above. 38. ADDRESS 23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME F CEMPTER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	28) FUNERAL DIRECTOR ADDRESS
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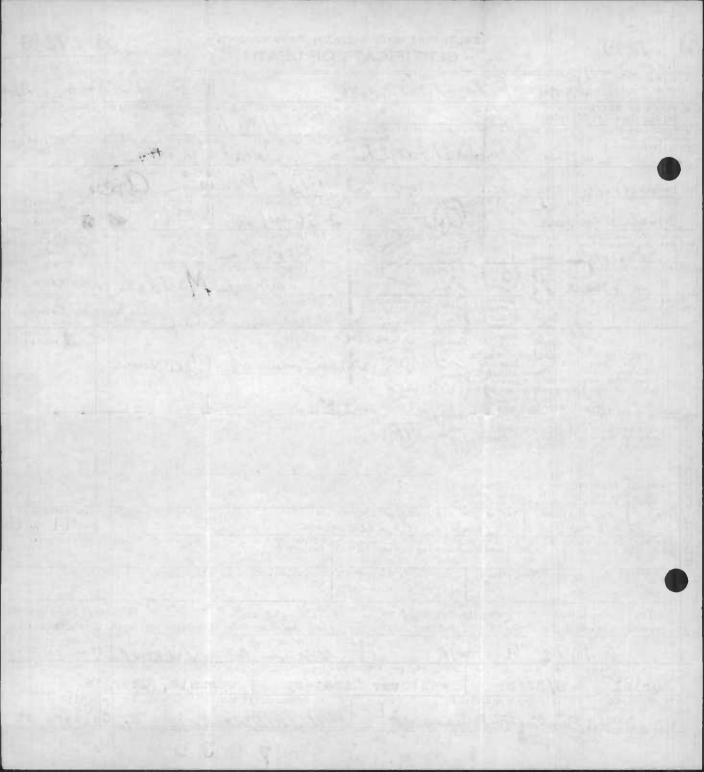
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WHAT HOMEN'S HOSEL

L 1	450 7248		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	51 Registered No.	7248
1.	NAME OF DECEASED pe or Print)	CORNEL	IUS I M	OYLAN	OF DEATH AUG	18, 1951
B. HC	PLACE OF DEATH: Baltimore City, Mary FULL NAME OF (If n OSPITAL OR STITUTION		ion, give street address or location)	a. STATE C. CITY OR TOWN Ball	and and	before admi sion before admi sion ite RUMA, and go township
c.	ogth of stay in Bal	timore	Yrs. Mos. Days	D. STREET ADDRESS (If I	Beddle St	
5.	SEX 6 COLOR	WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH Sur-24. 1904	last birthday) Months	
	A. USUAL OCCUPATION done during most of working life, e		of Business OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	WHAT COUNTRY
13	FATHERS NAME	moul	-are	Howara B	asutt	
15 Yes	. WAS DECEASED EVER IN n, no or unknown) (If yes, giv	U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT Mora Morst	Paul 317 ause	with St
ATION	(This does not mean heart failure, asthonia injury or complication ANTECED	NDITION DIRECTLY TO DEATH the mode of dying, e., etc. It means the diseason which caused death ENT CAUSES DITIONS, IF ANY, GIVII GAUSE (A) STATING T	(B) Su	bdura Ber the Jb	usts ull brain	NSET AND DEATH
ERTIFIC	TRIBUTING TO THE D	11 NT CONDITIONS CO EATH, BUT NOT RELAT CONDITION CAUSING	ED			
AL O	19A. DATE OF OPERAT	7.	FINDINGS OF OPER		e in Dataina (Uka aira	VES NO
MEDICA	21A. EXTERNAL CAUS UNDERLYING ID OR CUTING I	ONTRIB. about home, DEATH. Solay) (Year) (Hour) 18, 1751 7 pm. took charge of the ained by said Aut	opsy, Inspection or I from: natural causes	bove, held an Autopsy, inquiry, find that said de a lacident accident 23B. CHIEF MEDICAL E	uspection or Inquiry ceased died on the diality, hemicide Punde XAMINER LI 23C. DEXAMINER	B' Me
	N REMOVAL (Specify)	B. DATE 119. 22/51	24c. NAME OF CEMETE	.D. MEDICAL INVESTIGATE RY OR CREMATORY 24D. LC	OCATION (City, town, or e	vinty) (5 atc
	TE RECEIVED BY RE	GISTRAR'S SIGNATU	URE	Rua Wiedel	eld 900 6 B	ddleSt.
V	S 151 N - 80	3:0	023,3	7 22	3 5 /6	7 V

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356 BALTIMORE CITY HI	EALTH DEPARTMENT	L 7249
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	r 15.10
1. NAME OF DECEASED (Type or Print) who was folk wat mor	2. DATE OF DEATH	7-37
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL REGIDENCE (Where deceased fived, If inst	itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION When I have the street address or location location.		rite RURAL and give township)
Yrs. Mos. Days	D. STREET ADDRESS (If rival, give location)	54
5.05EX 6. COLOR OR RACE 7. SINGLE, MARRIED! WIDOWED, DIVORCED (Specify		of I Year I Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Givekinder to the work done during most of work in glife, even if retired) INDUSTRY		CITIZEN OF
13. FATHER SNAME	14. MOTHER'S MAIDEN NAME Haddot	Maddox)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or nakdown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs William Pune Cantal	RESS Road
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	aninoma of Carcum	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B)	Y	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-		
[E		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
218. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g.,		exact logation)
HOMICIDE (Specify) about home, farm, factors, street, office bldg.	,etc.) INJURY OCCUR?	7
FINJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from	-J-57, 19 , to \$-/9-37, 19 , t	hat I last saw the
deceased alive on 4 - 7 - 7 19 , and that death occu	erred at 6:38 Am., from the causes and on the	date stated above.
23A. SIGNATURE a WILL M.D.	Africa man Allendre A HAM	TALESIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
Burial/ 8/22/51 Westover C		
DATE RECEIVED BY REGISTRAR'S SIGNATURE	110,1120	BO5
AUG 201951 Munitiration / Halland, M. A.	N. W. Milliston N. C.	alvert st
Vs 150	0 0 0 7 2 3 6	46E

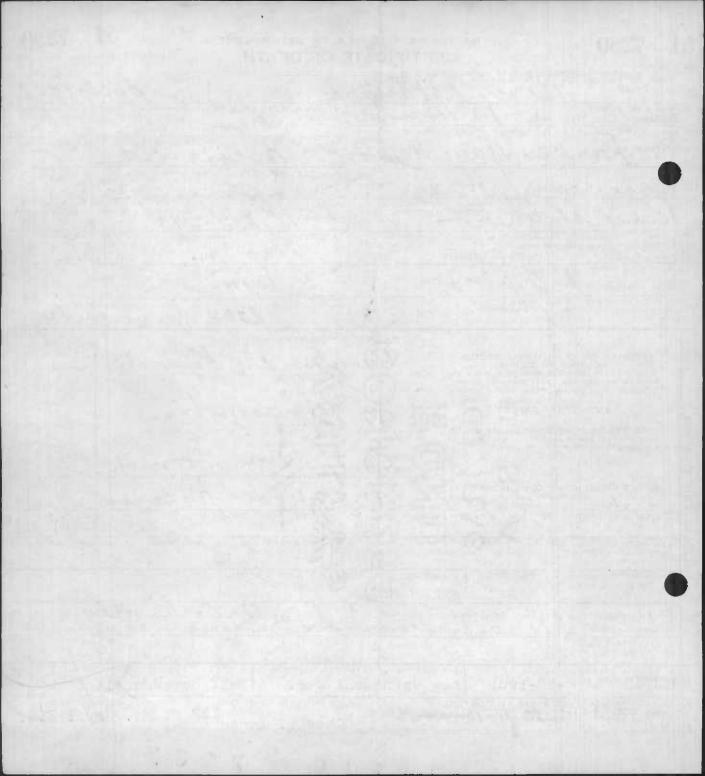


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BIRTH	NO.	
1. NAN		CEA

BALTIMORE CITY HEALTH DEPARTMENT

	51	1250
stered	No	

BIRTH NO. CERTIFICA	TE OF DEATH Registered No.	
1. NAME OF DECEASED / KATHARINE B., Healy	2. DATE 9 18 10	
(Type or Print)	ne OF 8.18.1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland Betimme	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address location INSTITUTION YOU Kein Jaure Hospit		
Yrs		
c. Length of stay in Baltimore LIFETIME Day	2308 Arunah Ave	
5. SEX 6. COLOR OR RACE 7. STINGLE, MARRIED, WIDOWED, DIVORGED (Speci	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year Months Days Hours Min.	
16A. USUAL OCCUPATION (Givekind of orthogonal department) AT HOME INDUSTRIBUTED AT HOME	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME M	14. MOTHER'S MAIDEN NAME	
JOHN OWEN J. Owings	R-Cann	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of mervice) 16. SOCIAL SECURITY NO	17. INFORMANT 2308. Armag Are	
DISEASE OR CONDITION DIRECTLY	E OF DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	emia Phy. Nephritis	
ANTECEDENT CAUSES	. Alyocarditis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OUE TO CARTER (B) OUE TO CARTER (B) OUE TO CARTER (B)		
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	aphysema pulmon	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION 20. AUTOPSY?	
21a. ACCIDENT, SUICIDE. 21a. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		
10. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUP WHILE AT NOT WHI	LE	
m. WORK AT WORK AT WORK AT WORK AT WORK AT WORK 22. I hereby certify that, Lattended the deceased from	8. 4 10 Sto 8. 18 , 19 Shat I last saw the	
deceased alive on 8. 19. 17. and that death occ	curred at I m., from the causes and on the date stated above.	
23A. SIGNATURE M.D.	Example Sa Hords 8-18-51	
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 240. LOCATION (City, town, or county) (State)	
	ral Cem. Baltimore Maryland	
LOCAL RECEIVED BY REGISTRAR'S SIGNATURE	Chas F. Evans & Son Aboves	
VS 150	LIP ILIP	
, о Б	10007237 466	

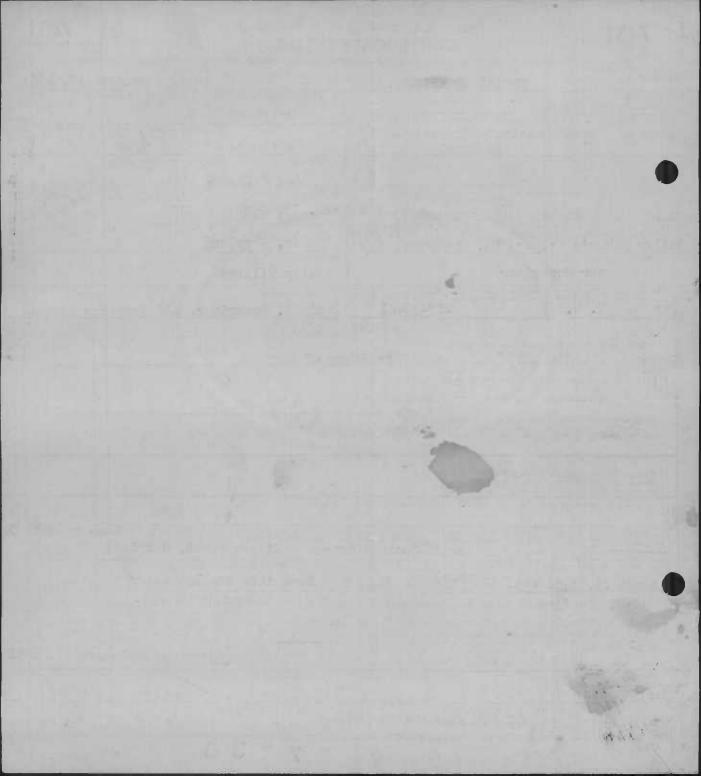


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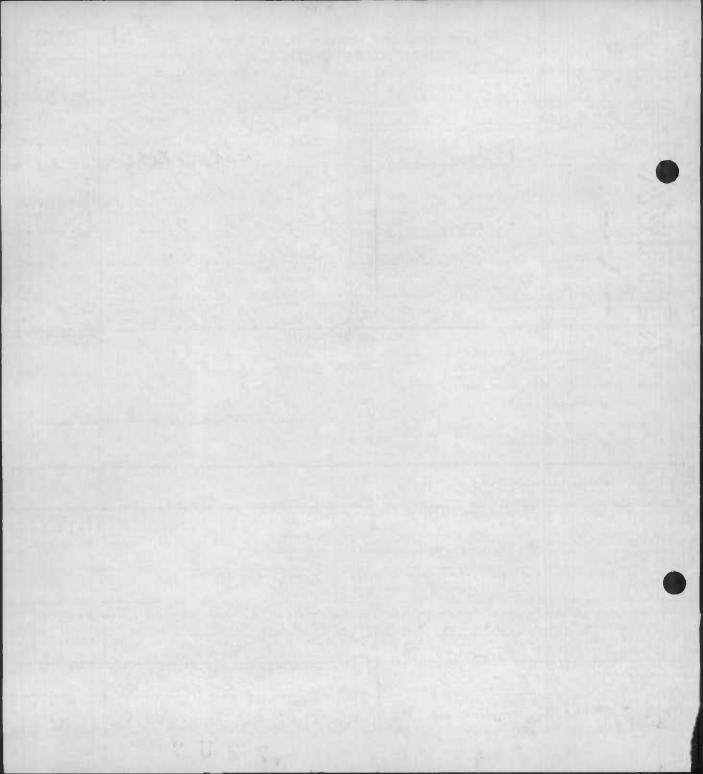
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7251

BI	RTH NO.		CERTIFICATI	E OF DEATH	Registered No.	
1.	NAME OF D	ECEASED		2.1	DATE	
(Type or Print) EDWARD SOCKRITER			OF August	17, 1951		
	PLACE OF D Baltimore (EATH: City, Maryland		4. USUAL RESIDENCE (Where	deceased lived. If inst B. COUNTY	tution: residence before admission)
В.	FULL NAME	OF (If not in hospita	al or institution, give street address or location)	Maryland	11	~1/-
	STITUTION	South Balti	more General	- C. CITT ON TOWN	de corporate limits, w	township)
14	43		Hospital Yrs.	Baltimore O. STREET ADDRESS (If rural,	give location)	
c.	egth of s	tay in Baltimore	Mos. Days	426 Patapsco A		
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		GE (In years 11 Under ast birthday) Months	r I Year Il Under 24 Hours
3	Male	White	married		25	
		CUPATION (Give kind of portion of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country) 12	CITIZEN OF WHAT COUNTRY
В	oiler Ma	ker's Helper	Md. Dry Dock	Berlin, Maryland		
13	FATHER S			14. MOTHER'S MAIDEN NAME		
	P	eter Sockrite	r	Daisy Wilkins		
	. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES? 16. SOCIAL sof service) SECURITY NO.	17. INFORMANT	ADDI	RESS
	yes	W. W. II	217-20-4118	Sadie L. Sockriter.	426 Patapso	co Avenue
	18. / /	105-4	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION				OROLI ARO DEATH
	(This doe	LEADING TO DEA's not mean the mode of		re of neck		
	heart fail	ure, asthenia, etc. It mes complication which of	ins the disease,			
		ANTECEDENT CAUS				
		ANTECEDENT CAUS	(B)			
NO		S OR CONDITIONS, I	F ANY, GIVING			
ATION	UNDERL	YING CONDITION LA	AST. (G)			
C	-					
RTIFIC		11 SIGNIFICANT CONDI				
FR		G TO THE OEATH, BUT DISEASE OR CONDITION				
Ü	19A. DATE (OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY
7						YES NO
EDICAL	21A. EXTER	NAL CAUSE WAS IG M OR CONTRIB- SAUSE OF DEATH.	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg., Beach-Cottage G	(ac.) INJURY OCCUR?		exArundel Co
ME		(Month) (Day) (Year)				2000
7	The same of the same of	13, 1951 abt				
					& Inq.	hereon and from
	22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above			Jan stated above		
	and de	eath in my opinion	resulted from: natural causes	a ccident X, su cide [].	homicide [], und	eterm ned
	23A. SIGNA		A second	23B, CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXAM		st 17, 1951
24	4A. BURIAL.	CREMA- 24B. DATE	24c. NAME OF CEMETE	.D. MEDICAL INVESTIGATOR RY OR CREMATORY 24d. LOCAT	ION (City, town, or o	county) (State)
TIC	on. REMOVAL (S burial	CREMA- 24B. DATE Specify)	-1 21 S. Hat	ioual 3	alto. M	d.
D	ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	AI	DDRESS
L	IIG 2019	151 上版本	- Milliams, Mill	1 2 Golf Jue. 1217	It. But	x/ /
V	S 151	*	1.0	0 2 0		11
B.)	A	-805.0	5 690	307 200	18	16aV



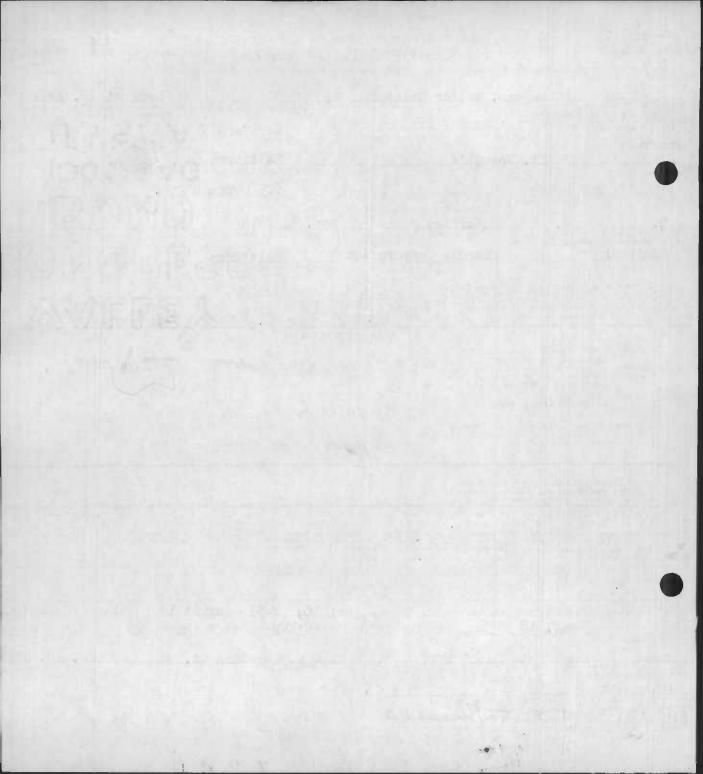
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BALTIMORE CITY HE	EALTH DEPARTMENT 51 7252	
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) N FTT IF BUT	ER 2. DATE OF DEATH	
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	M. Balto.	
INSTITUTION were the to	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	
5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Under I Year II Under 24 Hours	
WIDOWED, DIVORCED (Specify)	2/14/1878 last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hurmon Hoberg	Vokagno (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT 5/38 Roll ADDRESS	
18. 4700 CAUSE	OF DEATH INTERVAL BETWEEN	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
THER SIGNIFICANT CONDITIONS		
OTHER SIGNIFICANT CONDITIONS CON- HINDER TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?	
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	a or 21C. WHERE DID (If in Baltimore City, give exact location)	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	ind.) INJURY OCCUR?	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
22. I hereby certify that I attended the deceased from	red at 35 Pm., from the causes and on the date stated above.	
	3B. ADDRESS . 23c. DATE SIGNED	
ANCWED ESCALED M. D.	mineral Bury 19,195	
24A. BURIAL CREMA: 24B DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS	
AUG 201959 Phuttister Iblians, M.	1 4 Ook Inc. 1217 St. F.	
VS 150	0 2 0 0 0 2 5	
1 9 5 1	0 0 7 4 9 7 7 9 7 9 7 9 7 9 7 9 7 9 7 9 7 9	



BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Meyers, Walter Gelston OEATH August 18, 195 3. PLACE OF OEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corp. the limft) write RURAL and give INSCHERENCE. township St. Joseph's Baltimore Yrs. D. STREET AOORESS (If rural, give location) Mos. c. Length of stay in Baltimore 925 Gorsuch Ave. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. OATE OF BIRTH 9. AGE (In years | If Under 1 Year | If Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWEO, OIVORCEO (Specify) Nov. 6, 1898 10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Engineer Arundle Corporation Raltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL AOORESS SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH OISEASE OR CONDITION OIRECTLY LEAOING TO DEATH
(This does not mean the mode of dying, e.g., (A) CONGESTIVE heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEOENT CAUSES (B) CORONARY OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ARTERIOSCLEROSIS 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. OATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 DICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIOENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURREO 21F. HOW DIO INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from August 16, , 1951, to August 18 , 1951, that I last saw the deceased alive on Aug. 18 .. 1951 .. and that death occurred at 2:20p m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED trate M.D. 11:00 N. Caroline St. Aug. 24c. NAME OF CEMETERY OF CREMATORY 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify Surial Eller M M DATE RECEIVED BY 25. FUNERAL OIRECTOR

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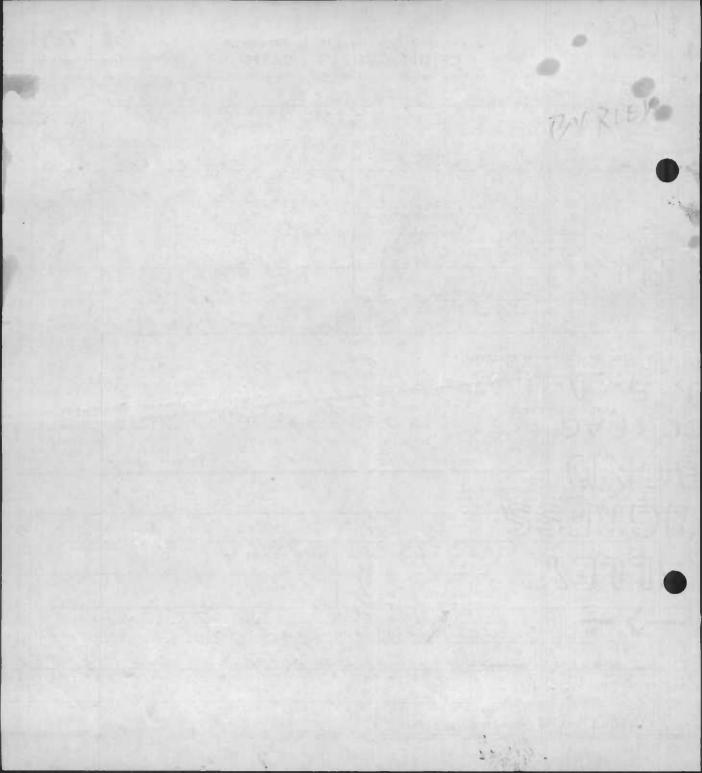
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7254

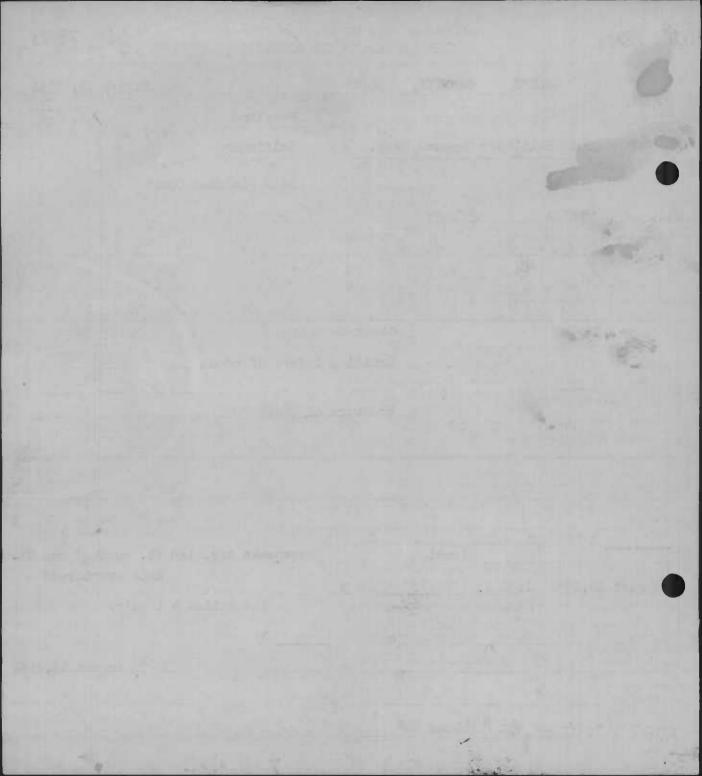
ВІ	RTH NO.		CI	ERTIFIC	ATE	OF DEATH	Registered	No.
1. (T	NAME OF Daype or Print)	How a	and E	Bun	(411		2. DATE SI	7/01
	Baltimore	City, Maryland			1	4. USUAL RESIDENCE (W	here deceased lived. B. COUNTY	If institution; residence before adhis ion)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution.		4:>	CITY OR TOWN (If	outside corporatellim	is, write RURAL and give township)
c.	Length of s	stay in Baltimore	/	7	Yrs. Mos. Days	3430 MH.	rural, give location)	+ un
5.	Mala	6. COLOR OR RACE	7. SINGLE, M WIDOWED	ARRIED.		1 1 2 3 9 1842	9. AGE (In years last birthday)	H Under 1 Year M Under 24 Hours fonths: Days Hours: Min.
wer	dene during most	CCUPATION (Givekind of of working life, even if retired)	Leatto.	BUSINESS O INDUS A AAT S1. RAN HAM	CO.	1. BIRTHPLACE (State or for	nd.	12. CITIZEN OF WHAT COUNTRY?
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	S. SOCIAL SECURITY N	10.	7. INFORMANT	3420 115	ADDRESS ADDRESS
FICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA s not mean the mode core, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e. g., ns the disease, caused death.) SES F ANY, GIVING STATING THE	(A)	Thr Bri	brios clas	esrdit	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED					
AL	19A. DATE	OF OPERATION 1	9B. MAJOR FI	NDINGS OF C	OPERAT	ION		20. AUTOPSYT
IEDICA		ENT WAS UNDER CONTRIBUTING DEATH		OF INJURY (21c. WHERE DID (If	in Baltimore City,	give exact location)
-	. TIME INJURY	(Month) (Day) (Year)	(Hour) 21E.		WHILE O	21F. HOW DID INJURY	OCCUR?	
	22. I hereb	by certify that I att		ecased from_	10/	4 , 1948to d at 3 a.m., from th		Z, that I last saw the
	23A. SIGNA	Joseph =	Touher	1 M. O	23B	ADDRESS LLL	od ave	23C. DATE SIGNED
710 TIC	A. BURIAL	CREMA- Specify)	51 249	MAME OF CEN	METERY	OR CREMATORY 240. LO	CATION (City, tow	n, or county) / (State)
	TE RECEIVE CAL REGIST		S SIGNATURE	in, Mall	2	5. FUNERAL DIRECTOR	173.B	ADDRESS

319 0 50/00 7 2 4



CERTIFICATE OF DEATH Registered No. 7255

BIRTH NO.	- OI BEATTI								
1. NAME OF DECEASED (Type or Print) WALTER GARNETT GOARD	2. DATE OF Assert 10 1051								
S. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution: residence								
B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Maryland B. COUNTY before adminion.								
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate hants, write kURAL and give								
South Baltimore General Hosp.	Baltimore 25 township								
Yrs.	D. STREET ADDRESS (If rural, give location)								
c. Ligth of stay in Baltimore Days	3408 Fieldlea Court								
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years 1 Under I year 1 U								
Male White Manual Color of Business OR	11. BIRTHPLACE (State or foreign c untry) 12. CITIZEN OF								
fork done thring most of working life, even if retired)	WHAT COUNTRY								
IJ. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Alben Goard	Lillie W. Grant								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yos, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS								
W. W. # 2	this. B. Fuller derion bridge M.L.								
18. E	OF DEATH INTERVAL BETWEE								
DISEASE OR CONDITION DIRECTLY	ONGE AND BEAT								
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Crushi	ng injury of head								
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
ANTECEDENT CAUSES Fractu	re of skull								
DISEASES OR CONDITIONS, IF ANY, GIVING									
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.									
(C)									
OTHER SIGNIFICANT CONDITIONS CON-									
TRIBUTING TO THE DEATH, BUT NOT RELATED									
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOF5								
1	YES NO X								
21a. EXTERNA CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. k., in underlying of contribution of contribution)									
UTING CAUSE OF DEATH. Street	Chesaneake Ave. 1/0 ft. west of Sun St								
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE									
August 18,1951 1:30 A.m. WHILE AT NOT WHILE AT WORK	x auto overtumed								
	bose, held an inspection & inquiry thereon and from								
the evidence obtained by said Autonsy Inspection or I	Autopsy, Impection or Inquiry nquiry, find that said decreased d.cd on the day stated above								
and death in my opinion resulted from: natural causes	📋, accident 🗶 suivide 🖂, homicide 🗀 undeterm red 🗀.								
23A. SASHATURE	238 CHIEF MEDICAL EXAMINER [] 230. DATE SIGNED ASSISTANT MEDICAL EXAMINER Y								
M. M.	.D. MEDICAL INVESTIGATOR Ammer 18 1051								
24a. BURIAL, CREMA- 24B-DATE 24c. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, of county) ISLA.								
Burial 12/51 le. 0. Mal	ional Balo. Md.								
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS								
AllG 201951 the ton Milians, Ma	1- ook me. 1217 St. Keel V.								
V S 151	19700								



4-3	2			DE THE	
51 725	56		EALTH DEPARTMENT		7256
BIRTH NO.		CERTIFICATI	E OF DEATH	Registered No.	
1. NAME OF D (Type or Print)	WALTE	R Collins		OF August	20, 1951
A. Baltimore	EATH: City, Maryland		4. USUAL RESIDENCE (W	nere deceased lived. If inst	itution : residence before admission)
B. FULL NAME HOSPITAL OR	OF (If not in hospita	al or institution, give street address or	II .	V-43	before admission)
INSTITUTION	Crawford Re		c. CITY OR TOWN (If o	outside corporate limits, w	rite RURAL and give township)
60	2117 Dennis		Portsmouth		vo w nonip,
c Franch of s	tay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	619 South Street		er 1 Year If Under 24 Hours
male	white	WIDOWED, DIVORCED (Specify)	July 16, 1873	last birthday) Months	Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of	married 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	reign country) 112	. CITIZEN OF
ork done during most of Lumber	of working life, even if retired)	Dixie Veneer Co.			WHAT COUNTRY
13. FATHER'S		DIATO VOIGOT OO.	14. MOTHER'S MAIDEN NA		
Day	rid Collins		Carrie Benjamin		
15. WAS DECEASE	ED EVER IN U. S. ARMED		17. INFORMANT	ADDF	DECC
no	(If yes, give war or dates	231-01-9422	Mrs. Wm. Schwart		
18. 45	0.0	CAUSE	OF DEATH		INTERVAL BETWEEN
	E OR CONDITION	DIRECTLY	, ,		ONSET AND DEATH
(This does	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean	f dying, e.g., (A) OCO	ncho preomo	uld	4ddys.
injury or	complication which co		,		
	ANTECEDENT CAUS	ES 0./	oscloratic hours	1.	
DISEASES	OR CONDITIONS, IF	ANY, GIVING	oscieratic neart	ilsedse, chron	e 2 yrs
L NISE TO I	HE ABOVE CAUSE (A)	STATING THE DUE TO			
2		(C)		•••	
OTHER S	11				
OTHER S	IGNIFICANT CONDITION TO THE DEATH, BUT I				
TRIBUTING	IGNIFICANT CONDI- TO THE DEATH, BUT I ISEASE OR CONDITION	NOT RELATED CAUSING IT	A-LON		
TRIBUTING TO THE O	IGNIFICANT CONDI- TO THE DEATH, BUT I ISEASE OR CONDITION	NOT RELATED	ATION		20. AUTOPSY?
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TRIBUTING TO THE O 19A. DATE C 21A. ACCID LYING OF CAUSE OF	IGNIFICANT CONDITION TO THE DEATH, BUT I I ISEASE OR CONDITION FOPERATION 19 ENT WAS UNDER- R CONTRIBUTING DEATH	NOT RELATED CAUSING IT	a or 21c. WHERE DID (If INJURY OCCUR?		YES NO
TRIBUTING TO THE O 19A. DATE C 21A. ACCID LYING OF CAUSE OF	IGNIFICANT CONDITION TO THE DEATH, BUT I I ISEASE OR CONDITION IS FOPERATION ISEAST WAS UNDER-R CONTRIBUTING	NOT RELATED CAUSING IT	n or 21c. WHERE DID (If INJURY OCCUR?		YES NO
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TRIBUTING TO THE O 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME (TINJURY) 22. I hereby deceased all 23A. BURIAL, (TION, REMOVAL (S DUTIAL)	IGNIFICANT CONDITION TO THE DEATH, BUT INSEASE OR CONOTION IS ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year) We certify that I attained in the condition of the condi	NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., e (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK ended the deceased from Aug. 1951. and that death occur 24F. NAME OF CEMETEI	21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY 22f. HOW DID INJURY	g 20 , 1951, the eauses and on the decauses and continuous cation (City, town, or exville,	exact location) that I last saw the late stated above. So DATE SIGNED Maryland DDRESS
TRIBUTING TO THE O 19A. DATE O 19A. DATE O 21A. ACCID LYING OF CAUSE OF 21D. TIME (1NJURY) 22. I hereby deceased all 23A. SISNAT 24A. BURIAL, (TION, REMOVAL (S DUTIAL)	IGNIFICANT CONDITION TO THE DEATH, BUT INSEASE OR CONOTION IS ENT WAS UNDER- R CONTRIBUTING DEATH Month) (Day) (Year) We certify that I attained in the condition of the condi	NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e (Hour) 21E. INJURY OCCURRED M. WHILE AT NOT WHILE AT WORK ended the deceased from Rog., 1951. and that death occur 24E. NAME OF CEMETE I Parkwood Ger	21c. WHERE DID (If INJURY OCCUR? ED 21f. HOW DID INJURY 17 , 19 \$7, to Av red at 6:50 m., from th 3B. ADDRESS 10 Xemmore RY OR CREMATORY 24D. LO metery Pa	g 20 , 1951, the eauses and on the d Ruk CATION (City, town, or e	exact location) that I last saw the late stated above. So DATE SIGNED Maryland DDRESS
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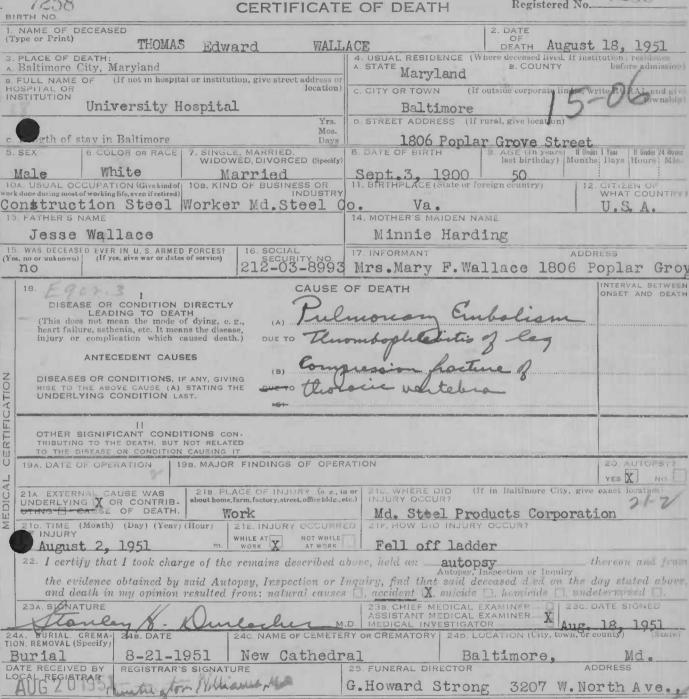
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4	1795"	,			EALTH DEPARTMENT	Registered N	51 7257
9	TRTH NO.			CERTIFICAT	E OF DEATH	registered f	10.
	. NAME OF D. Type or Print)	ECEASED Ch	17 R/	es R. C	FIN/	2. DATE OF DEATH	8/51
	Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE ()		institution : residence
H	FULL NAME OSPITAL OR NSTITUTION	OF (If not in hospit	al or instituti	on, give street address of location		outside corporate limits	, write RURAL and give
	40	ST HAN	es ,	HOSPITA)	BALTIMO	RE	township)
С	. bength of st	ay in Baltimore		O = Yrs. Mos. Days	0000 111 11	rural, give location)	
5	. SEX	6. COLOR OR RACE		, MARRIED.	8. DATE OF BIRTH	9. AGE (in years) ff	Under I Year M Under 24 Hours nths Days Hours : Min.
10	DA. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	Sept.12,1870	oreign country)	I2. CITIZEN OF
17.6	etirea_U		Cloth	ing	Canada		U.S.A.
1:	3. FATHER'S				14. MOTHER'S MAIDEN N	AME	
-		arles Henr	0		Harriet Doy/	e	
(Y	mo or uokoowo)	D EVER IN U. S. ARMEI (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Mrs.W.S.Standi		odington Rd
_	18.	214		/ 1	OF DEATH	2014 000 110	INTERVAL BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY		יין שבאוון	20	ONSET AND DEATH
	(This does	not mean the mode of	TH of dying, e.g.	(A) (X)	neraleseo	Carcin	malesis
	heart failui	c, asthenia, etc. It mea complication which c	ns the discase		0		
		ANTECEDENT CAUS	SES	1	9 00 (1)		(1). 2
Z	DISEASES	OR CONDITIONS, II	F ANY GIVINI	(B) J-10	- baba Ju	mary	Silo
Ĭ	RISE TO TH	HE ABOVE CAUSE (A)	STATING TH		1.0	to to	
FICATION				(C)(C)	101 1200	lace	
RTIF	OTHER S	- 11					
CER	TRIBUTING	GNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	0			
				FINDINGS OF OPE	RATION		20. AUTOPSY?
CAI							YES NO
MEDICA		CONTRIBUTING		CE OF INJURY (e. g., rm, factory, street, office bldg.		If in Baltimore City, g	ive exact location)
4	21D. TIME (Month) (Day) (Year)	(Hour) 2	IE. INJURY OCCURE	RED 21F. HOW DID INJUR	Y OCCUR?	
(HILE AT NOT WHILE WORK			
	32 L hereby	certify that I att	ended the	deceased from	8/5 ,1917, to	8/15,195	, that I last saw the
	deceased al	9 1, 0 1 1	l. 19 a	and that death occu		he causes and on th	e date stafed above.
	P3A. SIGNAT	in 6x	1800	en M.D.	23B. ADDRESS	es Hosb	23C. DATE SIGNED
2. TI	4A. BURIAL. C ON, REMOVAL (S)	REMA- 24B. DATE	2	4C. NAME OF CEMETI	ERY OR CREMATORY 24D. L	OCATION (City/town,	or counts) (State)
-	Burial	8-21-19		Sacred Hear		Baltimore C	o., Md.
L	ATE RECEIVED		SSIGNATUI	RE RALLA, MAR	25. FUNERAL DIRECTOR	- 700F W **	ADDRESS
	MUUL	The state of	41.51.		G. Howard Stron	E DZUI W. NC	rth Ava-

VS 150

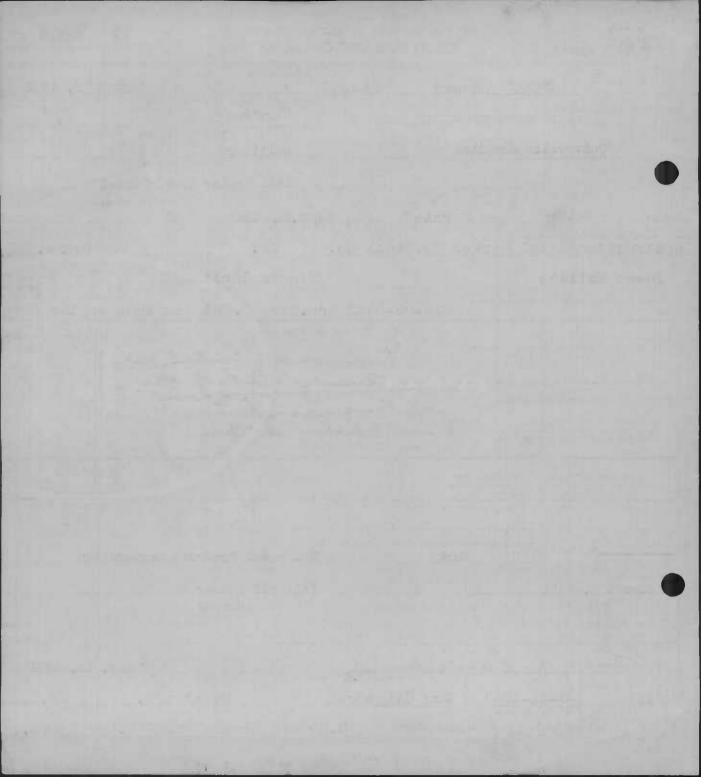
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH



V S 151



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No ...

1.	NAME OF E						1	2. DATE	. 70	3.053
			Fran	k Edwa	rd Webb	L 4 UGUST DEGLES	105 (31/1	DEATH AUGU		
	Baltimore	City, Marylan	d		Maria de la companya	4. USUAL RESIDEN		B. COUNTY		residence ore admission)
B. H(FULL NAME	OF (If not in	hospital	or instituti	on, give street address or location)	Mary.		ntaida annonnata tia		
	STITUTION	708 Day	- C+	t	300001011)		imore	utside corporate lin	5-0	township)
_		728 Bay	, 27T.	66.0	Yrs.	D. STREET ADDRES		iral, give location)		
		stay in Baltim	0.0	Life	Mos. Days	728	Bay S	treet		
5.	Nale	White	RACE		MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 25, 1		9. AGE (In years last hirthday)	If Under 1 Year Months Days	Hours Min.
10		CCUPATION (Give	kindof		OF BUSINESS OR	11. BIRTHPLACE (St			12. CITIZ	
work	done during most	of working life, even if	retired)		e Industry	Maryland				T COUNTRY?
13	. FATHER'S	NAME			(M)	14. MOTHER'S MAII	DEN NA	ME		
V	Villiam 1	Webb			("/	Johannah Da	vis			
15 (Ye	. WAS DECEAS	ED EVER IN U.S.	ARMED or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
`	No				215-10-5883	Mrs. Mary	V. We	bb 728 B	ay Stree	et
	18. L	781/1			CAUSE	OF DEATH				VAL BETWEEN
		SE OR CONDIT				7/				1
	(This doe	LEADING TO	node of	dying, e. g	, (A) CAR	ONARYIMA	10 M	30515		SACTION.
	Injury or	urc, asthenia, etc. complication w	hich car	used death.	DUE TO	/				
		ANTECEDENT	CAUSE	s	1	terr sel	0	pa .		
Z	DISEASE	S OR CONDITIO	NE IE	ANY CIVIN	(B)	eur see	ew	217	54	4.2
CATION	RISE TO	THE ABOVE CAUS	E (A) 9	TATING TH						
CA	ONDLINE	THIS CONDITIO	DIN LAS		(C)	***************************************		*************************		
L		11								THE PERSONNEL PROPERTY AND PERSONNEL PROPERTY PROPERTY AND PERSONNEL PROPERTY PROPERTY AND
ERT		SIGNIFICANT C							504 (2)	
CE	TO THE C	DISEASE OR CONT	DITION	CAUSING IT	r					
YH:	19A. DATE	OF OPERATION	19	B. MAJOR	FINDINGS OF OPER	ATION			20. YES	No Z
EDICA	21A. ACCIL LYING O CAUSE OF	DENT WAS UNL	NG 🗆	218. PLA obout home, f	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	or 21c, WHERE DI		in Baltimore City	, give exact	location)
Σ		(Month) (Day)	(Year) (Hour) :	21E. INJURY OCCURR	D 21F. HOW DID	INJURY	OCCUR?		
h	INJURY				WHILE AT NOT WHILE					
	22. I herei	by certify that	I atte	nded the	deceased from Oc	7. / 1950,	, tolen	9/8,19	51, that I	last saw the
			18	1951,	and that death occur	red at fe fram.,	from M		the date s	tated above.
E	23A. SIGNA	TURE		20		3B. ADDRESS	2-11	'c 4	23c. D/	ATE SIGNED
-	a Bubiai	CREMA- 248. D	wy	1100	24C. NAME OF CEMETE	BY OR CREMATORY!	340 10	CATION (City, toy	1 27	State)
TI	N. REMOVAL (Specify)								
-	Burial	Aug.		1951	Moreland Mem	25. FUNERAL DIRE		imore Co.,	ADDRES	
	IG 7 0 10	TRAR	TRAK S	- 14/15	iana Ma	Burgee Funer		me 3631	Falls R	
	VS 150				GANGO 1/C	Horace 9	F. Bi	rgee	911	2
					4/15 76	U I	2.4	1/4	17	-

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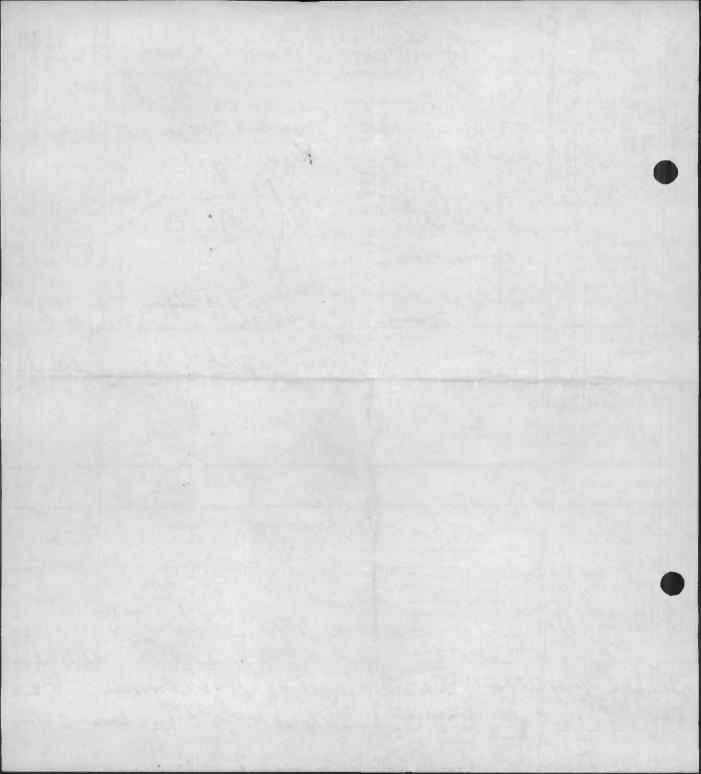
51	. 0	126	50
BIRTH	NO.		
1. NAM	E O	F DE	CEAS

	51	1260
Registered	No	

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4)]. //	DU	DAI		E OF DEATH	Registere	od No
В	IRTH NO.			CERTIFICAT	E OF DEATH	, registere	u 110.
1.	NAME OF D		la F	Kiggs		2. DATE OF DEATH	3-19-51
	Baltimore	City, Maryland		00	4. USUAL RESIDENCE		d. If institution: residence before admission)
H	FULL NAME	OF (If not in hospit	al or institut	tion, give street address or location)		West Va. 7	MMULAL imits, write RURAL and give
11	ISTITUTION	neversity Ho	spetal		Buyser ()	(user)	township
	Langth of a	stay in Poltimana		Your Man.	D. STREET ADDRESS (rural, give location)
	SEX	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year II Under 24 Hours
	+	W	Ma	VED, DIVORCED (Specify)	1902 (7-15	last birthday)	Months Days Hours Min.
wor!	k dooe during most	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State-of	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	NAME DE	-	e wife	14. MOTHER'S MAIDEN	NAME	(A, 3. F).
	Char	les Cliles			Ollie B. Lay	nder	
15 (Ye	. WAS DECEAS , no or uoknowo)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Cash	1 Higgs	ADDRESS RTD 3
	18. 2.	0.3		CAUSE	OF DEATH		INTERVAL BETWEEN
	- 1	SE OR CONDITION	DIRECTLY	α / α	· U,	+. 22	ONSET AND DEATH
	(This does	LEADING TO DEA's not mean the mode of	f dying, e. g	B., (A)	rouse mening	iles !!	3-400ks?
	injury or	re, asthenia, etc. It mea complication which c	ns the diseas aused dcath	se, 1.) DUE TO			
		ANTECEDENT CAUS	ES				
20	DISEASE	S OR CONDITIONS, II	F ANY, GIVIN	(B)	***************************************		
ATION	RISE TO T	THE ABOVE CAUSE (A)	STATING TE	HE DUE TO			
Ō				(C)			
RTIF	OTHER C	11					
CER	TRIBUTING	GIGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
A L	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	/		20. AUTOPSY7
EDICA	LYING O	DENT WAS UNDER R CONTRIBUTING	218. PLA	ACE OF INJURY (e. g., inform, factory, street, office bldg.,	o or 21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
ME	CAUSE OF	DEATH (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUI	BY OCCUR?	
K	INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE		/	
	22. I hercb	y certify that I att			18	8/19 .15	I, that I last saw the
	deccased a	live on 8/19	7-1	and that death occur	red at 9 5Am., from		n the date stated above.
	23A. SIGNA	one D.	Sea	tt M.D. 2	Lucuersity	Hoental	23c PATE SIGNED
24 TIC	REMOVAL (S	CREMA 24B. DATE	151		RY OR CREMATORY /24D.	LOCATION (City, to	wn, or county (State)
D	ATE RECEIVE	PORT REGISTRAR	SSIGNATU	IRE I	23, FUNERAL DIRECTOR	- province	ADDRESS
1	知识无闻	renter of	不为从	ianus, Mills	William HIE	The Cum	berland Md

7 5 5 1 6 1 0 7 2 4 7



362 51 7261 BIRTH NO.	BALTIMORE CITY HE		Registere
1. NAME OF DECEASED (Type or Print) MRS. MARY A. 57	-URGEON		2. DATE OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	Where deceased lived
B. FULL NAME OF (If not in hospital or i	nstitution, give street address or location)	maryla	nd Ba
INSTITUTION 8 T. Agul	2 Hospital	Ellicott	f outside corporate li
	Yrs. Mos.	D. STREET ADDRESS (1)	rural, give location)
c. Length of stay in Baltimore	Days	1 Drang	are are
5. SEX 6. COLOR OR RACE 7. S	INGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years

before admission) mits, write RURAL and give township) If Under 1 Year If Under 24 Hours Months Days Hours : Min. 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done-luning most of working life, even if tetifed) MOUSTRY WHAT COUNTRY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, ng 3, upkoowo) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yee, ng 35 upkoowo) SECURITY NO 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT DICAL

19A. DATE OF OPERATION ...

21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDER

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from.

1957, and that death occurred at 2:45An., from the causes and on the date stated above. deceased alive on_ & 23A. SIGNATURE

24A. BURIAL, CREMA-24C. WAME OF CEMETERY OR 24B. DATE TION DEMOVAL (Specify RECEIVED BY REGISTR

FUNERAL

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

24D.

1957, io.

, 1951, that I last saw the

23c DATE SIGNED LOCATION (Qity, town, or county)

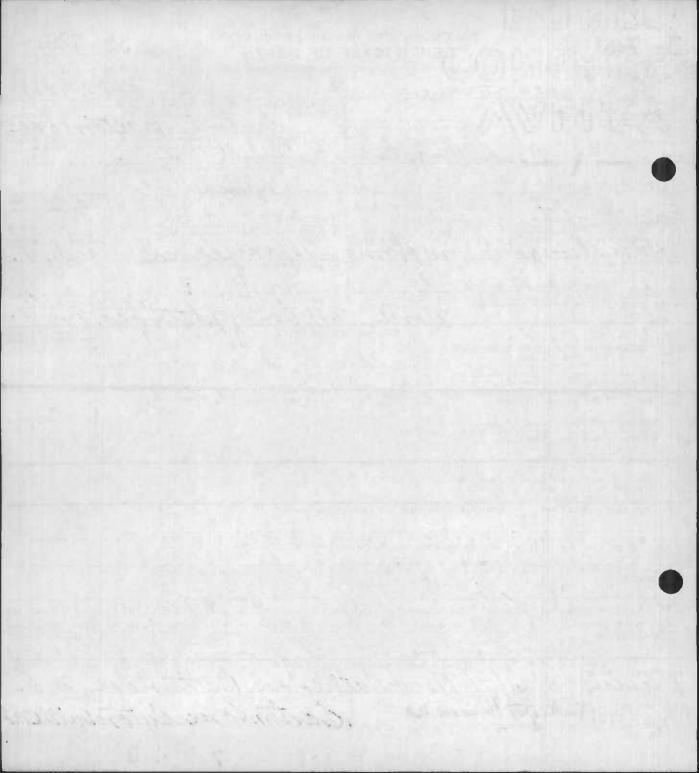
(If in Baltimore City, give exact location)

YES .

If institution : residence

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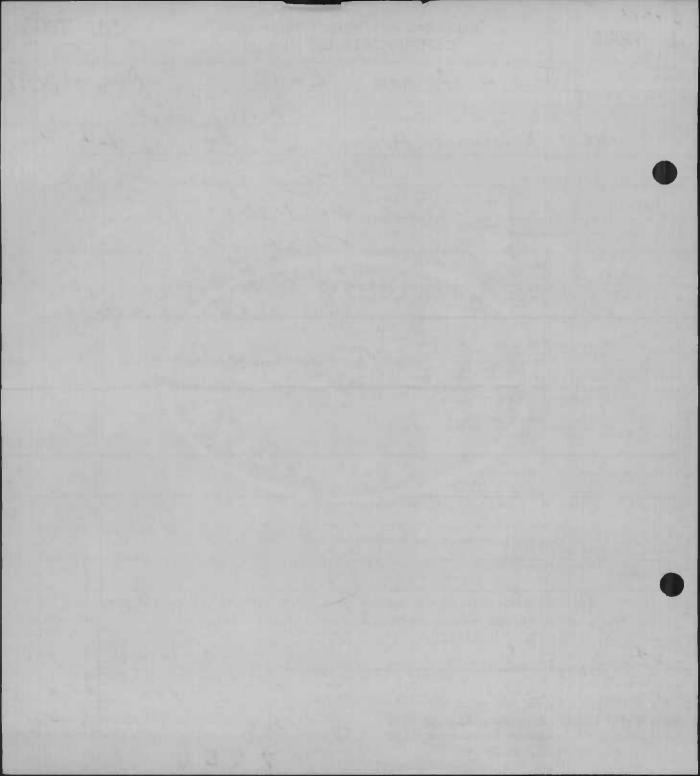
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 17-1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE-B. COUNTY / before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN outside corporate linet, write RURAL Nid give INSTITUTION more Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days ossivoos 9. AGE (In years | Il Under | Year | Hours | Min. 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH Il Under 24 Hours Masture OA. USUAL OCCUPATION (Give kind of 11. BLRTHPLACE (State or foreign Jountry) 108. KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO - 5000 Prosuvos 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Autorioscherosco generalized TO THE DISFASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION .20. AUTOPSY EDICA (larcinoma-University 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AT WORK 22. I hereby certify that I attended the deceased from_ Aug 1 195 / to , 195 /, that I last saw the deceased alive on Aug [/19] and that death occurred at m., from the eauses and on the date stated above. 23A. SIGNATURE 23C. DATE SIGNED Mas 24A. BURNAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. EQUATION (City, town, or county) (State) 8-20-51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR A'DDRESS LATTE 7200195 AUL VS 150

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51 7263 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.							
DI.	RTH NO.)()		CERTIFICA	TE OF DEATH	Registered No.	
	NAME OF D ype or Print)	TOSE	PH (FEORGE	LAUR	2. DATE OF DEATH AUG.	19, 1951
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (Where deceased fived, if insti	tution: re idence before admi sich
В.	FULL NAME		al or institution	on, give street address locatio		land,	211
	ISTITUTION	4638 KE	RNWO		c. CITY OF TOWN	1 outside corporate limits wi	town hip
24				Yrs		frural, give location)	
c,	gth of s	tay in Baltimore		Mos Day		rowood	aue
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Speci	(v) May. 13-1895	9. AGE (in years last birthday) Months	I Year R ord. 1 24 Hours M n.
	done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTR	11. BERTHPLACE (State or		CITIZEN OF WHAT COUNTRY
18	FATHER'S I	NAME PO	1181	MILL (M	14 NOTHER'S MAIDEN	NAME	
15 (Ye	S. WAS DECEAS	ED EVER IN O. S ARMEI (If yes, give wat or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mis. Carrie	m. Laur 4	Herning
	18.			CAUSE	OF DEATH		INTERVAL BUTWEEN
	DISEA	SE OR CONDITION LEADING TO DEA		Q.T	- 1	1	A .
	heart failt	s not mean the mode oure, asthenia, etc. It mes	of dying, e. g	e,	nosclaratic Ca	diovisculor	disease
	injury or	complication which		DUE TO			
		ANTECEDENT CAUS	SES	(8)			
ATION	RISE TO T	S OR CONDITIONS, I	STATING TH				
AT	UNDERL	YING CONDITION LA	AST.	(C)			
IFIC	OTHER	II SIGNIFICANT CONDI	TIONS CON				
ERTI	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
Ü		AND RESIDENCE OF THE PARTY OF T		FINDINGS OF OP	ERATION		20. AUTOP5 . /
CAL	OA. EVTEDI	CALICE MAC	1 218 PLA	CE OF INJURY (e. g	in or 21c. WHERE DID	(If in Baltimore City, give	exact location)
EDI	UNDERLYIN UTING [NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home, fa	arm, factory, street, office bld	g.,etc.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year)	W	HILE AT NOT WHI WORK AT WOR	LE	RY OCCUR?	
	22. I certi	fy that I took char	ge of the	remains described	apove, held an husp	Inspection or Inquiry	hereon and from
	and de	ath in my opinion	said Auto resulted fr	pay, Inspection or rom: natural caus	Inquiry, find that said of ses , accident [suicide	deceased ded on the d	ay stated above, term as
	23A. SYGNA	uley A. L	June	acher	238 CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	EXAMINER & Quy	14, 195)
TIC	ON, BEMOVAL (S	Specify) 8/20/	15/ 2	24c. NAME OF CEME	TERY DR CREMATORY 24D.	Dale over	DRA
L.C	ATE RECEIVE CAL REGIST		1 12 1 1 1	RE AND HAR	25. FUNERAL DIRECTOR	5305 Hary	ord Pa
V	S 151	4		350	3/ 7 2	50 69	3)



DATE RECEIVED BY

BALTIMORE CITY HEALTH DEPARTMENT

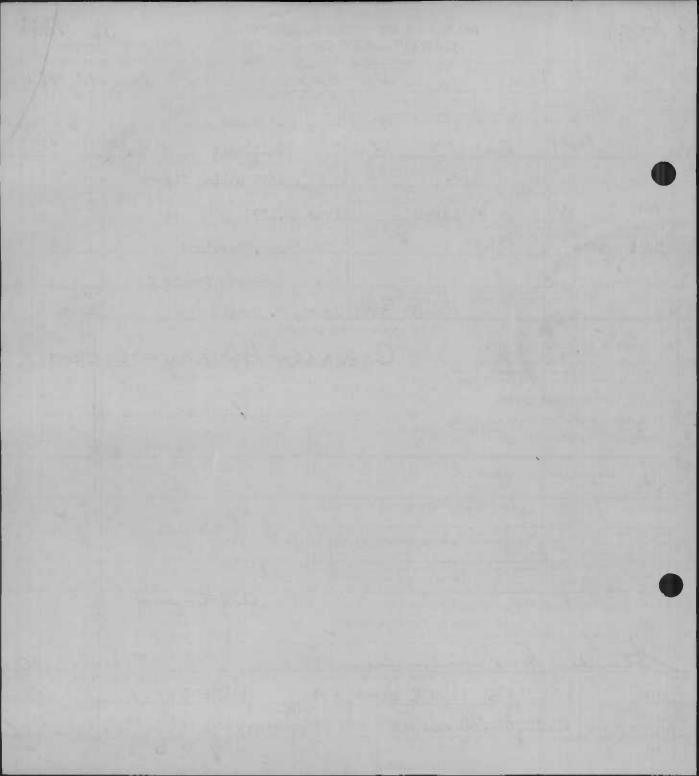
Registered No. 17264

CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED (Type or Print) JAMES DEATH W 4. USUAL RESIDENCE (Where deceased lived, It institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate finits, write K) INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1619 Bolton Street th of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 5. SEX 9. AGE (in years | | Under | Year | | Und | 24 Hours | last birthday | Months, Days | II | 11 | 15 | Min. WIDOWED, DIVORCED (Specify) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 12. CITIZEN OF INDUSTRY WHAT COUNTRY work done during most of working life, even if retired) Read Estate Baltimore, Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME was Deceased Ever IN U.S. ARMED FORCES?
no or unknown) (If yes, give war or dates of service) Amelia Margaret Von Kopf 17. INFORMANT ADDRESS SECURITY NO (Yes, no or unknown) DAME 0 Jessie E. Duvall INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location 21B. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB. UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Autopsy, Inspect on or Induiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes "accident [], suicide [], homicide [], undetermined 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR TION, REMOVAL (Specify)

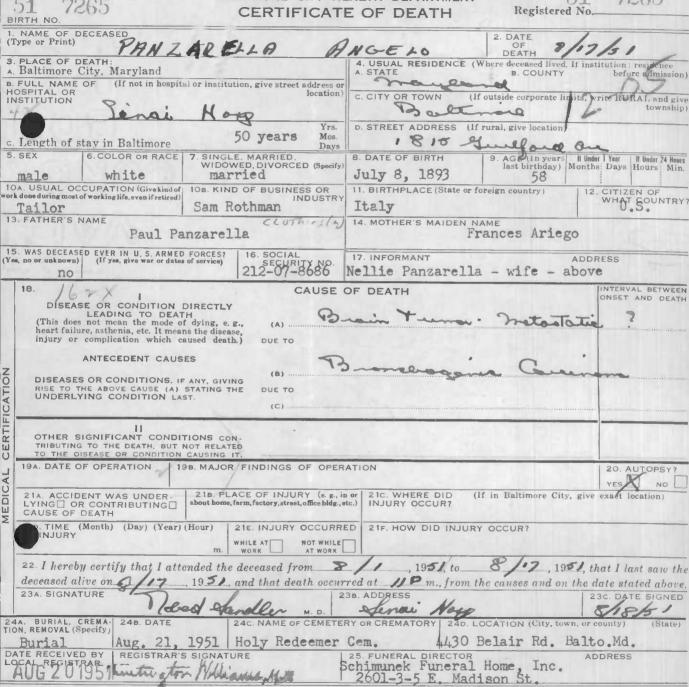
AUG 20195 tutte for Miliams, Mil H.W. JENKINS & Sons Co. 49

REGISTRAR'S SIGNATURE.

25. FUNERAL DIRECTOR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

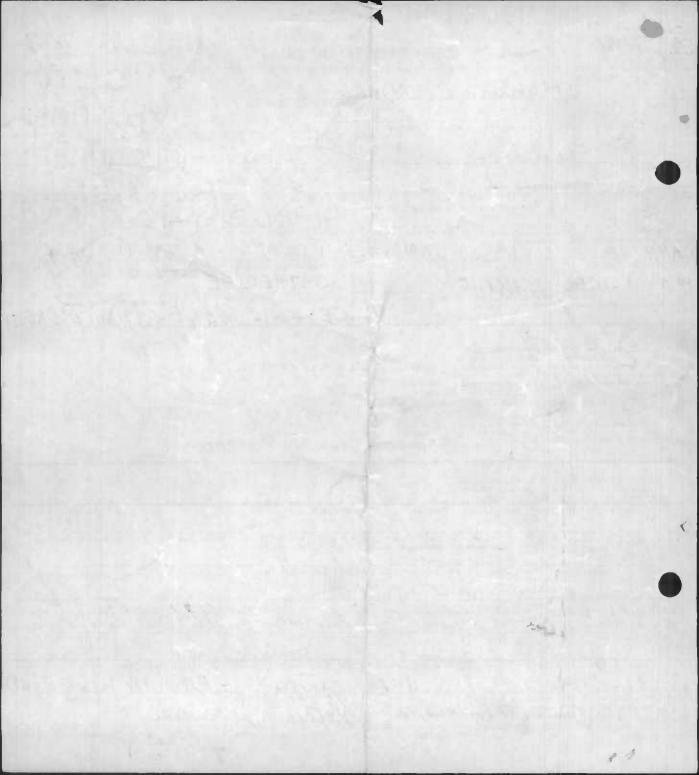


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4	400
11	7266
BIRTH	NO.

11 B	77266 IRTH NO.		TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	Registered	51 7266
	NAME OF DECEASED Type or Print)	Neal. Jo	ohn William		2. DATE OF DEATH AUG	18. 1951
	Baltimore City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived B. COUNTY	Il institution : residence before admission)
H	FULL NAME OF (If not in hospi OSPITAL OR ISTITUTION	tal or institut	ion, give street address or location)	c. CITY OR TOWN (If	nd	nits, write RURAL and give
-		St. Jose		Baltimo		township
	Length of stay in Baltimore	11	Yrs. Mos. Days	o. STREET ADDRESS (If	curley St.	
5	SEX 6.COLOR OR RACE	WIDOW	MARRIED. 'ED, DIVORCED (Specify) 'Arried	June 28. 1896	9. AGE (In years)	If Under 1 Year If Under 24 Hours Tonths: Days Hours Min.
10	DA. USUAL OCCUPATION (Give kind of k dooe during most of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
	Machinist		Martin Co.	Maryland		WHAT COUNTRY
13	Rober	t Neal	American (n)	14. MOTHER'S MAIDEN N.	Mary Jone	8
15 (Ye	6. WAS DECEASED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	.W. #1		SECORITY NO.	Helen Neal, wife,	above	
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the condition of the condit of the condition of the condition of the condition of the condi	TH of dying, e. g ins the disease caused death SES F ANY, GIVIN STATING TH IST. ITIONS CON NOT RELATE I CAUSING IT	(B) COR GE OUE TO (C)			
DICAL	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDIC	21A. ACCIDENT WAS UNDER- LYING□ OR CONTRIBUTING□ CAUSE OF DEATH		CE OF INJURY (e. g., ic arm,factory,street,office bldg.,e	oor 21c. WHERE DID (Inte.) INJURY OCCUR?	If in Baltimore City,	give exact focation)
-	O. TIME (Month) (Day) (Year		VHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I at	-		st 17. 1951 toAug	rust 18. 19	51that I last saw the
	deceased alive on August	18/51	and that death occur	red at2 30p m., from t	he causes and on	the date stated above.
	23A. SIGNATURE	n. Ral	2	3B. ADDRESS		23C. DATE SIGNED
2. TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) Burial Aug. 21,	2	M. O.	11:00 N. Caroline RY OR CREMATORY 240. L Cery 7225 H	St. OCATION (City, tow Eastern Ave.	
D.	ATE RECEIVED BY REGISTRAR		RE	25. FUNERAL DIRECTOR		ADDRESS
	AUG 7 0 1951	- WU:		Schimunek Funeral 2601-3-5 E. Madis	nome, Inc.	
	VS 150	2275	54.437	0 0 0 7	2 5 3	93E

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4 SUAL RESIDENCE (Where deceased lived, If institution : residence Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs MONSOM 6. COLOR OR RACE SINGLE, MARRIED If Under 1 Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min. 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR RTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME THERINE 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. 30012 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from 199 /that I last saw the 19_ T. 19_ deceased alive on_ . and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS

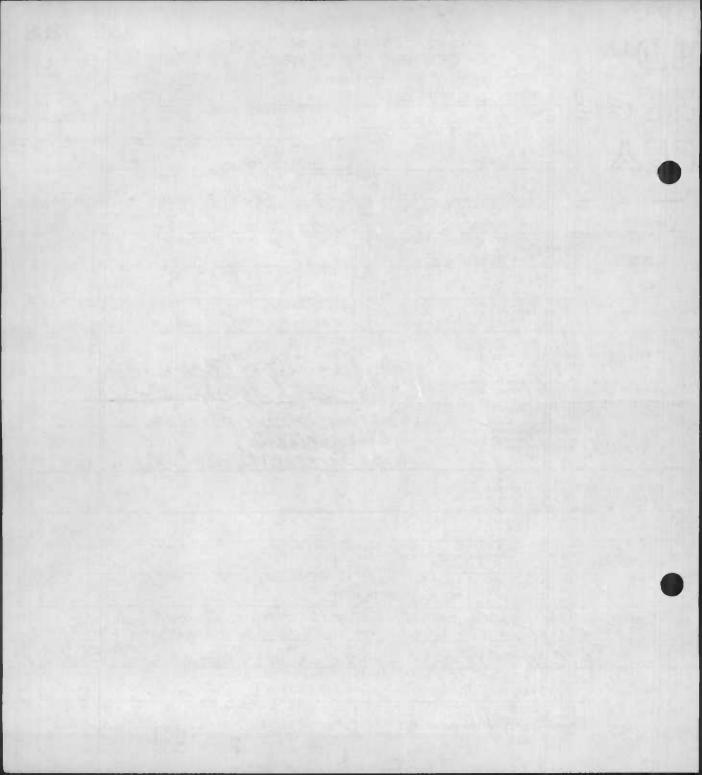


VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7268

Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE M. CODWIN SR DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 2004 McKean Ave. A. STATE B. COUNTY before admissi (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limita write RAL and give Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2004 ToKean Ave. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) AGE (In years If Under I Year II Under 24 Hours last birthday) Months: Days Hours: Mil. WIDOWED, DIVORCED (Specify) Widowed June 4, 1855 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doueduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Pattral Cigar Wfe 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jaramich Codwin Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. "iss Catherine ". Godwin 2004 "alean Ave. Mone INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart fuilure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INTURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE! AT WORK . 1967, to aug 18, 1957, that I last saw the 22. I hereby certify that I attended the deceased from Aug 11 I m., from the causes and on the date stated above. deceased alive on Lig 15, 19 7, and that death occurred at T 23A, SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. MAME OF CEMETERY OR CREMATORY 248. DATE Burial Balto. Md. DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

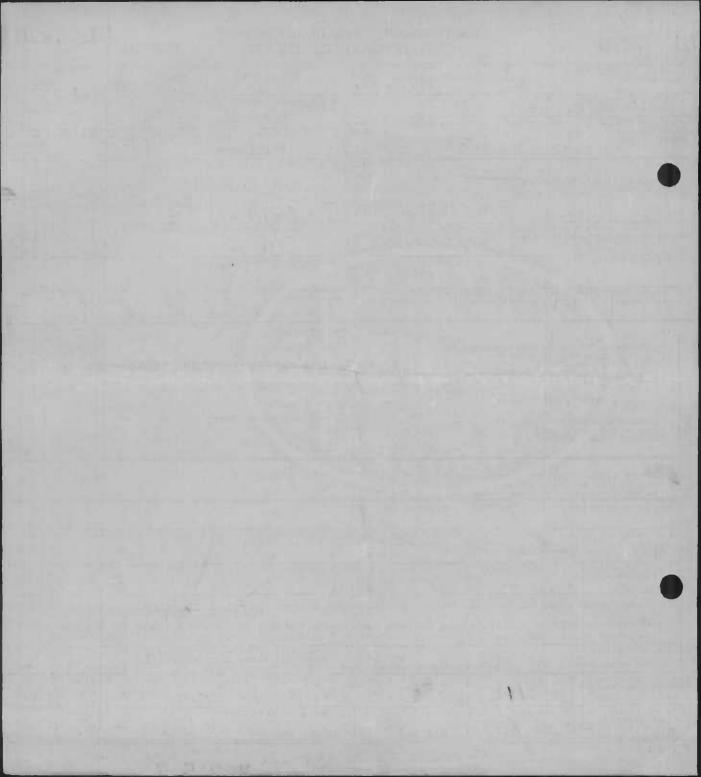


120 LIRTH 7269		EALTH DEPARTMENT E OF DEATH	Registered No.	. 7269
1. NAME OF DECEASED (Type or Print)	a B. Um	ak	of Que g.	18/51
3. PLACE OF DEATH: A Baltimore City, Maryland	- Your	4. USUAL RESIDENCE (W		itution : residence before admission
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	nstitution, give street address or location)		outside corporate limits, w	wite RVRAL and giv township
a in a want	Yrs. Mos.	D. STREET ADDRESS Af r	rural, give location)	A /
c. bength of stay in Baltimore 5.6EX 6.COLOR OR RAGE 7.5	Days	8. DATE OF BIRTH	mumeus	11
Tenale felluto "	DOWED, DIVORCED (Specify)	april 17, 1889	last birthday) Months	n I Year II Under 24 Hours S. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. work done during most of working life, even livetired)	Home INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Peter Hul	ka	Brendrana	Pohory	1
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no or unknown) (If yes, give war or dates of serv	(ice) 16. SOCIAL SECURITY NO.	17. WEORMANT	ADDE ADDE	RESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	g, e. g., (A) Myo disease, death.) DUE TO	cardial info	retian	ONSET AND DEATH IT has
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED			
194 DATE OF OPERATION 198 MAIOR FINDINGS OF OPERATION				20. AUTOPSY?
LYING OR CONTRIBUTING about	3. PLACE OF INJURY (e. g., in bome, farm, factory, street, office bldg.,	or 21c, WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended				hat I last saw th
deceased alive on 7, 195	and that death occur	red at 7 m., from th	e causes and on the d	late stated above
aduard of	Mrak M.D.	. 10 .	ad St. 0	lug 20. 5"
24A. BURIAL, CREMA- TION REMOVAL (Specify) 8-21-5	Laly Red	RY OR CREMATORY 24D. LO	CATION (City, town, or o	(State)
DATE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR	Colas aco	DORESS 4

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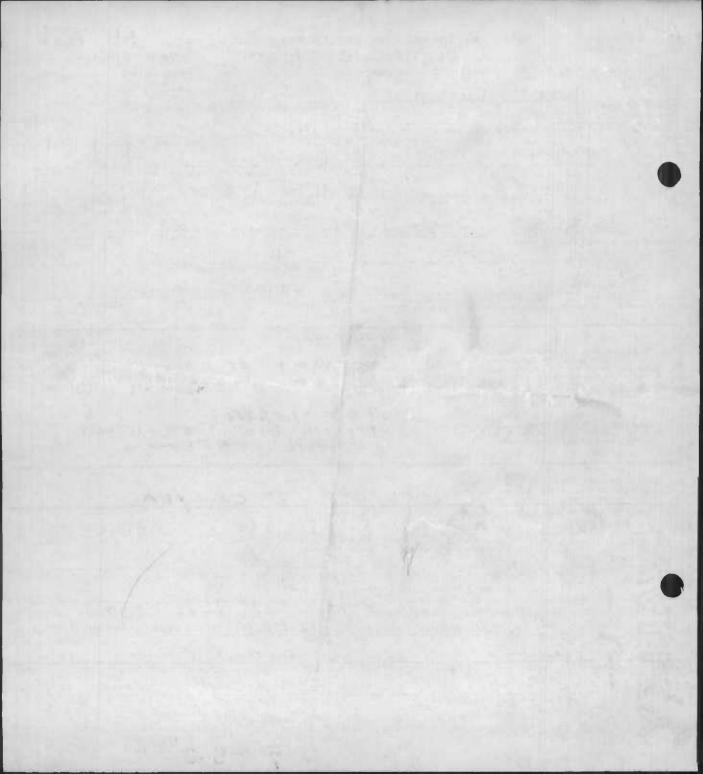
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BIRTH NO.
1. NAME OF DECEAS

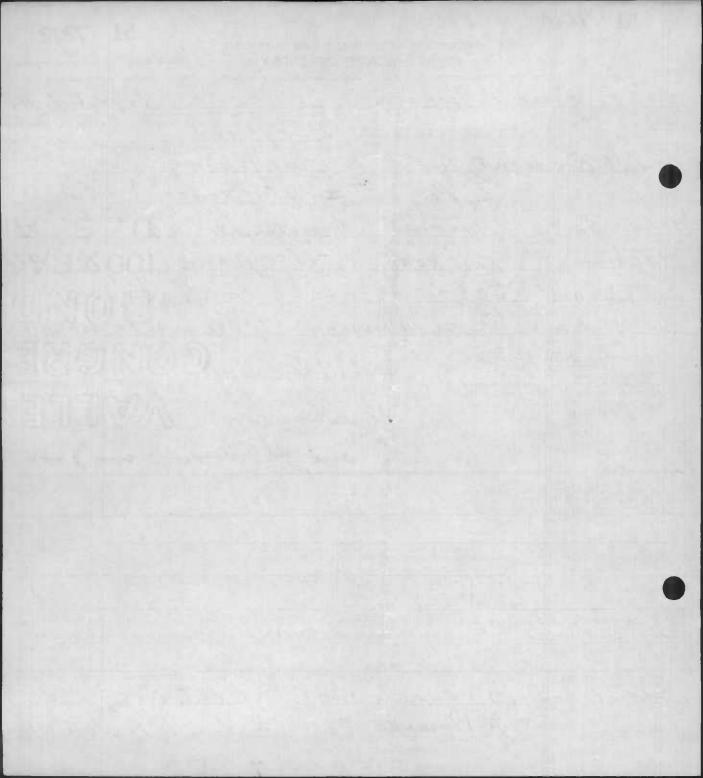
.)] [[[]]	E OF DEATH Registered No.
BIRTH NO. 1. NAME OF DECEASED	
(Type or Print) ROY RUSSELL	2. DATE OF DEATH 8-11-51
A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write BURA), and give
institution University Hosp.	Baltimore
C. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 11 20 Browers S+
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under Year Nonder 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) ABORCK 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY N. C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
KICHARD	Sarah Brooks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	INOMA OF ESOPHAGUS.
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	MA OF CARYNX- 120. AUTOPSY?
8-13-51 ABDOMINAL	METASTATIC LESIONIVES - NO [
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI INJURY WHILE AT NOT WHILE M. WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?
	12 , 1951, to 8 - 16 , 19 5 that I last saw the
deceased alive on 1 19 17 and that death occur	red at 12 Pm., from the causes and on the date stated above.
1 Stews - M.D.	38. ADDRESS 23c DATE SIGNED
240 BURIAL, GREMA- 248, DATE 24C, NAME OF CEMETE	Culvary Claw Hell Mil.
DATE RECEIVED BY REGISTRAR SIGNATURE	25. EUNERAL DIRECTOR LAND ADDRESS 8-
9709	I blusials Hell 46 acres
	/00



82a

BALTIMORE CITY HEALTH DEPARTMENT	
CERTIFICATE OF DEATH RE	egistered No
NAME OF DECEASED / 1 2. DAT	F
Type or Print) X OSEPT HUDREW STETTE DEAT	TH H4945+ 18,1951
Baltimore City, Maryland A. STATE	ased lived. If institution: residence before admission)
HOSPITAL OR (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside eo	rporate limits, write RURAL and p v
2448 FREDERICK AVE. BALTIMORE	O A 1 I township
Yrs. D. STREET ADDRESS (19 Diral, give	
Length of stay in Baltimore Life Days 2448 HREde.	RICK HUE.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE WIDOWED, DIVORCED (Specify) 1 last b	(In years Is Under l'Year If Under 24 Hours irthday) Months: Days Hours: Min
MALE White MARRIED HYGUSTRA, 1884	69
OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY) INDUSTRY 1. BIRTHPLACE (State or foreign cour INDUSTRY)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME 14. MOTHER'S MADEN NAME	4.5.71.
· [://: C+ 00-	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	ndrews
(11 yes, give war or dates of service) SECURITY NO.	115 HECLES
18. 2 1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) weeken Herrenbase	8-13-51
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	3
DISEASES OR CONDITIONS, IF ANY, GIVING	242.
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	6 ?
(c) to the second	wa.
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOFSY7
	YES NO
21a. ACCIDENT WAS UNDER LYING CONTRIBUTING 21b. PLACE OF INJURY (e. g., in or Lich Where DID (If in Balti LYING CONTRIBUTING about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?	more City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR	?
m. WHILE AT NOT WHILE AT WORK	and the state of t
22. I hereby certify that I attended the deceased from Mouse, 1948 to any 1	8 , 19 1, that I last saw the
deceased alive on and 17, 19 57, and that death occurred at 745 m., from the cause	
23A. SIGNATURE (23B. ADDRESS	23c. DATE SIGNED
	(City, town, or county) (State)
Durial 8-21-51 Loudon PARK BALT.	MORE, Md
DATE RECEIVED BY REGISTRAR'S SIGNATURE 1 25. FUNERAL DIRECTOR	DDRESS
OCAL REGISTRAR Linetuctor Williams Mill Con / Colours & 21	of Frederick Hose

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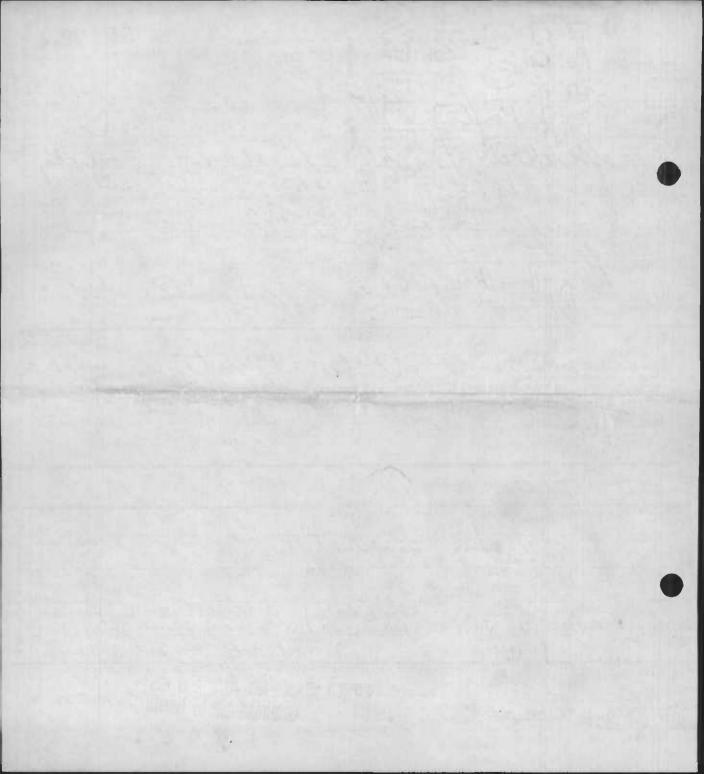
BALTIMORE CITY HEALTH DEPARTMENT

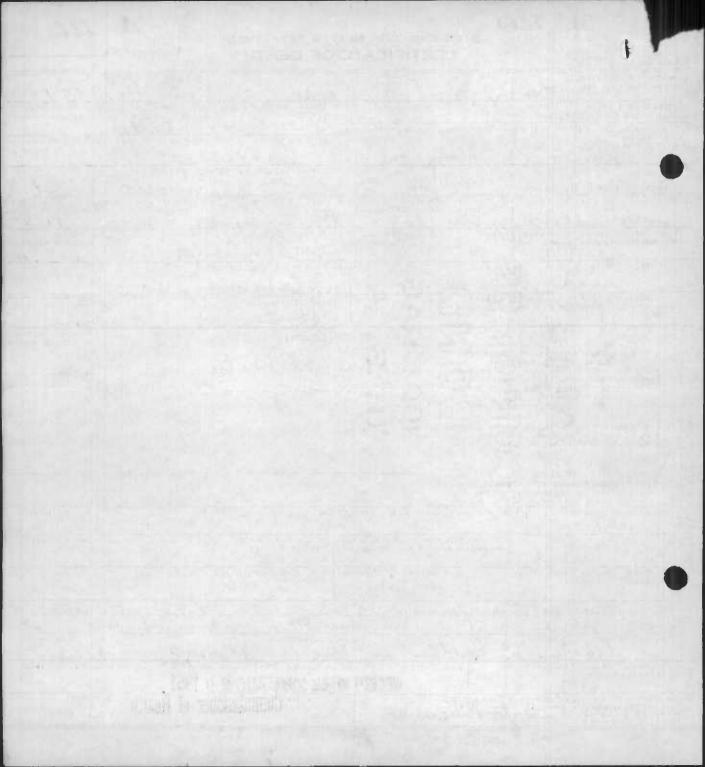
51 '72'73

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print) Joseph John	Feehley Sr	•	2. DATE OF DEATH AUG.	18,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (WI		titution: residence before admission)
B. FULL NAME OF (If not in hospital or instituti HOSPITAL OR INSTITUTION 3708 Harlem	location)		utside corporate limits, w	rite RUKAL and give township)
2100 Harren	Yrs.	Baltimore D. STREET ADDRESS (If ro	ural, give location)	0
c. Length of stay in Baltimore Life	Mos. Days	3708 Harlem		
	, MARRIED, ED-DIVORCED (Specify)	Feb. 28,1902	9. AGE (In years If Und last hirthday) Month	N I Year If Under 24 Hours Days Hours : Min.
10A. USUAL OCCUPATION (Givekind of vorking life, even if retired) Lectrician	of Business or	11. BIRTHPLACE (State or for ic Co. Balto. Md		CITIZEN OF WHAT COUNTRY?
Bernard Feehley		14. MOTHER'S MAIDEN NAI Bridget Feehle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs.Hazel A. Fe	ehley.3708	
injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	(B) #13.7 (C)	ello selevor	rie Cardio	2+40
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, for CAUSE OF DEATH	CE OF INJURY (e. g., in rm, factory, street, office bldg., e	2 IC. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give	
INJURY	HILE AT NOT WHILE WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the deceased alive on 19.17. a	and that death occur	red at 7 m., from the	e eauses and on the c	hat I last saw the late stated above.
	4c. NAME OF CEMETER	RY OR CREMATORY 240. LO	ederick Rd.	
DATE RECEIVED BY LOCAL REGISTRAR ALLOCAL REGISTRAR	iame, Mill	arust wineston	<u></u>	dson Ave.
VS 150	515	E 072	6 0	93)

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-	RTH NO.	hou	Cerido	nt		CE	ERTIF	ICAT	EC	OF DEA	ТН	R	egistere	d No.		
	NAME OF ype or Prin		A h u		Boy	/	DA	1:/1	2	1		2. DAT OF DEA	///	uu.	,1211	195
	PLACE OF Baltimor		h: , Marylan	d	Der At	in	ore /	nd-	4. A.	STATE STATE	DENCE (Where dece		. If invit	tution : reside	
H	FULL NAI	R	(If not in	hospita	al or instit	ution,	give street	address or	1	CITY OR TOW	(1)		140	WX	RN	
11/	STITUTIO	N	MILL	ILA	ity	H	105p.t	24		170	WA	Rd	orporate ii	O Z	te RURAL s	ind give wnship)
C.	Length o	f stay	in Baltimo	ore /	Li E	E	/	Yrs. -Mee. -Days	D	2//3	RESS (If	rural, give	location	rue	. 426	o:
	SEX		COLOR OR R				ARRIED,		8.1	LUA!	2	9. AGE last b	(In years pirthday)	If Under Months	Days Hours	24 Hours 3 Min.
10 work	A. USUAL	OCCUF lost of wor	ATION (Give king life, even if	kind of etired)	10в. КІМ	ID OF	BUSINE	SS OR NDUSTRY	11.	BIRTHPLACE	(State or fo	oreign cour	ntry)	12.	CITIZEN OF	NTRY?
13	FATHER	SNAM	E	1	10	<u>/</u>	1		14.	MOTHER'S M	MAIDEN N.	AME ,		. /		
	Kil	SK	AK		- P	u	Rd	1 5		SARI	46	1)	A.	12	U	
(Ya	. WAS DECE , no or unkno	(I	VER IN U.S.	ARMED or date	FORCES? of service)	16	SECURI		17.	INFORMANT	x he		-	ADDRI	sé	
	(This cheart for	LE, loes not ailure, as or com	DR CONDITADING TO mean the msthenia, etc. I plication wh	DEAT node of it mean nich co	H I dying, e as the dise aused dea	g.,	(A) DUE TO	LAUSE	OF En	nat,	un	ty			NTERVAL BE DNSET AND 2A	TWEEN DEATH
RTIFICATION	RISE TO	SES OR	CONDITIO	NS, IF	ANY, GIV	ING THE	DUE TO									
CERTIF	TRIBUT	ING TO	II IFICANT CO THE DEATH.	BUT !	NOT RELA	TED										
. [19A. DATI	E OF O	PERATION	19	OLAM . B	R FIN	NDINGS (OF OPER	ATIC	N					20. AUTOF	
MEDICAL		OR CC	WAS UND		218. Pi	ACE	OF INJUF	RY (e. g., in , office bldg., et	or l	21c. WHERE INJURY OCC		f in Balti	more Cit	y, give e	xact location	n)
-	O TIME		th) (Day) (Year)	(Hour)	21E.	TA	OCCURRE	ED	21F. HOW DI	D INJURY	OCCUR	7			
	22. I her	·eby ce	rtify that	I atte				-	in	7/2 19	Nto C	Un 1	2 , 19	the	at I last so	in the
	deceased	alive	only						red	dt 1:55 Pn	n., from t	he capise	s and or			
	23A. SIGI	M.	E. 7	rad	the.			M. D.	3B, A	PHY	site	An	pit.	23	C. DATE SI	GNED
	A. BURIAL N. REMOVAL			TE		24c.	NAME OF	CEMETER	RY OF	R CREMATOR	Y 240/ L	CATION	(City, to	wn, or co	unty	State)
DA	TE RECEI	VED BY STRAR 1195	REGIST	RAR'S	SIGNAT	URE	mes, M.	UNIVE	KALLY 25.	FUNERAL DI COMI	TESTOR	of He	alth	ADE	RESS	
	VS 150)	77.		-	(全代的)	Angeles and		1	0	8 7	.2	6 1		159	





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Robert E. Applety

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REGISTRAR'S SIGNATURE

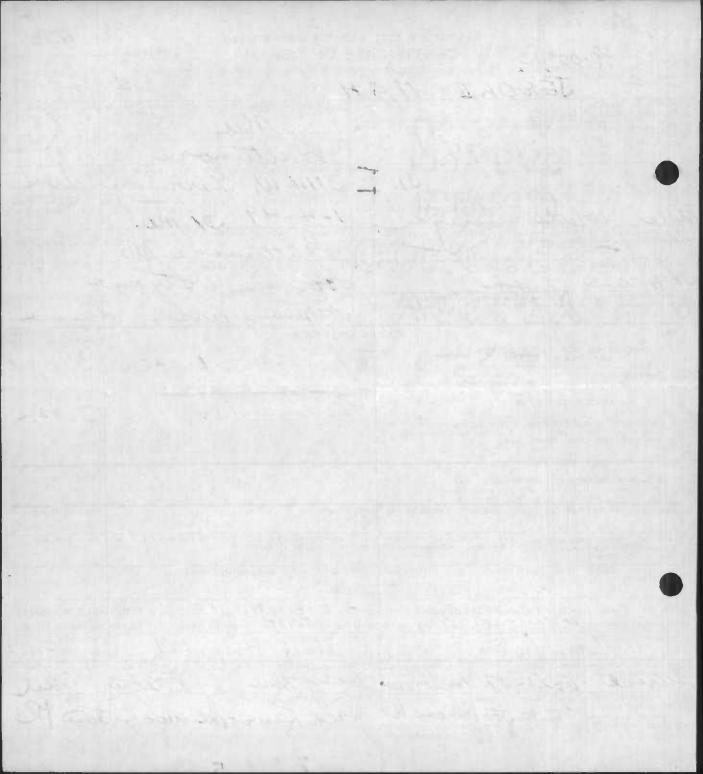
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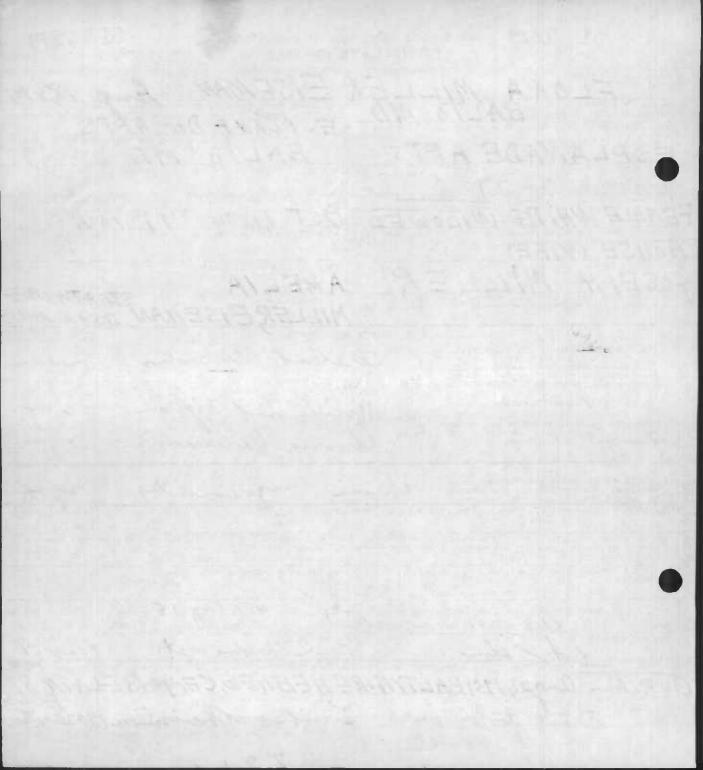
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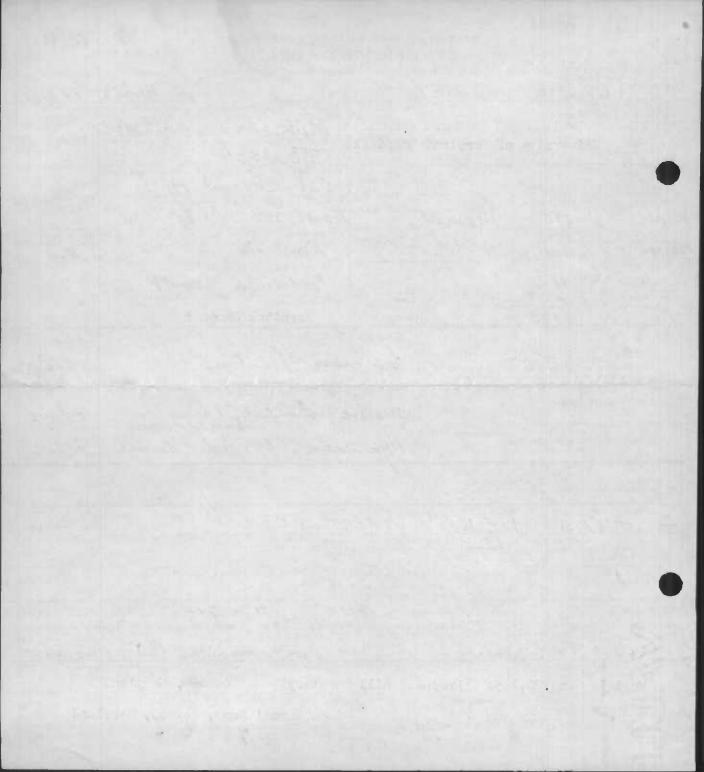
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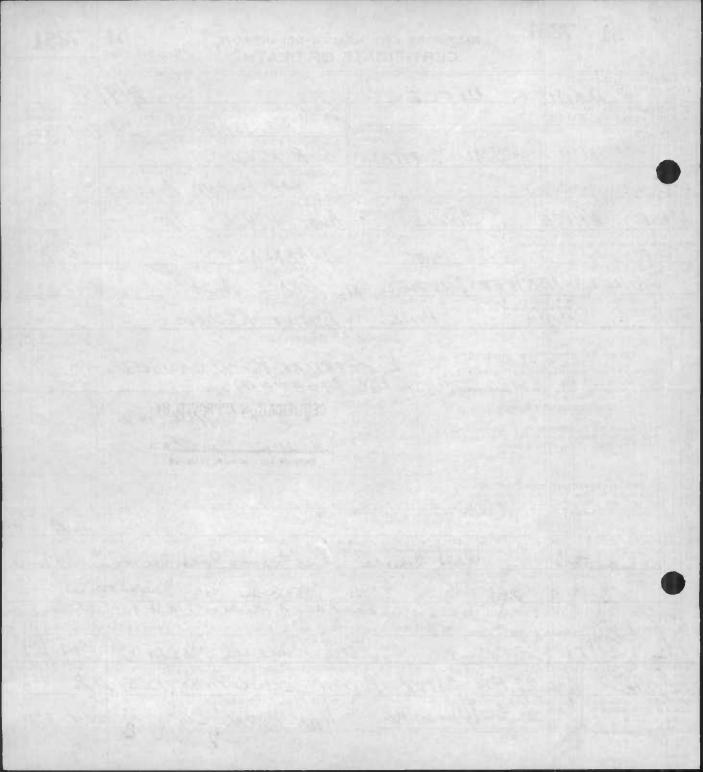




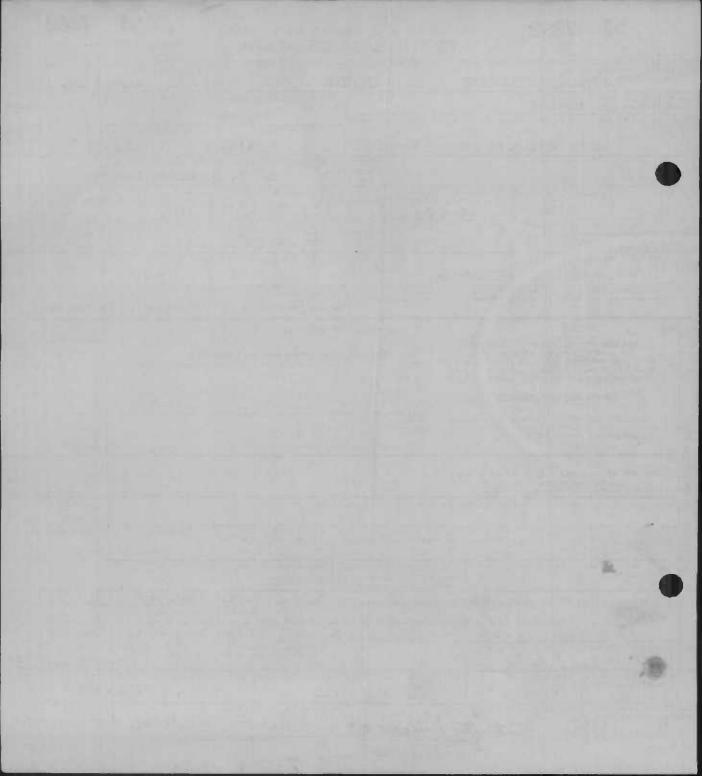
		E OF DEATH	Registered	
BIRTH NO.	CERTIFICATI	E OF DEATH		110
(Type or Print) ERWIN HUB	ER		2. DATE OF DEATH Augu	est 17.19.57
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (institution: residence before admission
B. FULL NAME OF (If not in hospital or institution	location)	MARYLAND	BALTIM	ORE
institution University of Mary	land Hospital	TO WSON	lf outside corporate limi	ts, write RURAL and give township
c. Length of stay in Baltimore	Yrs. Mos. Days	620 Chesh	1 1	5300
Male Wilder Wildows		B. DATE OF BIRTH	9. AGE (In years)	onths Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) PRESIDENT + OUN BRINER Top Flig	OF BUSINESS OR	11. BIRTHPLACE (State or :	foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	700LS(M)	14. MOTHER'S MAIDEN N	0100	V >A
John C. Huber		Fredericka	Laport	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no se unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT Hospital Rec		DDRESS
18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1	./ /		ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A) Vorn	rary thrombos	es	10 minutes
injury or complication which caused death.)	OUE TO			
ANTECEDENT CAUSES	man.	+ - + 1:	1. 1.	21.
O DISEASES OR CONDITIONS, IF ANY, GIVING	(B) Massis	e gastromilistina	nemorage a	3 days
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO HALLON	e gastromtestinal	while it is	211000
0	States 14 dem	and Crows The	Miserie Commission of the Comm	Lyears
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE GISEASE OR CONDITION CAUSING IT.			TAG.	
194. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Hugust 13 1957 MECKE		etrculum		YES NO
	CE OF INJURY (e. g., ir m,factory,street,office bldg.,e		If in Baltimore City,	give exact location)
DD. TIME (Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURRE	21F. HOW DID INJUR	Y OCCUR?	
	WORK AT WORK	15 1957 to C	2/12	
22. I hereby certify that I attended the d	nd that death occur		the equees and on t	, that I last saw the he date stated above.
23A. POSNATURE	. 3	3B. ADDRESS	1 ne tunses and on t	23c. DATE SIGNED
Cohert Gather	м. о.	minersity Hosp	cital Balto	aug 18, 1957
TION, REMOVAL (Specify)	4c. NAME OF CEMETER		OCATION (City, town	
Burial Aug. 20, 1951 P	rospect Hill	25. FUNERAL DIRECTOR	wson , Maryla	ADDRESS
LOCAL DECICEDAD	6.	John Burns ! Sons	s. Towson. Ma	
VS 150	Laure, Mar	2 2 0	267	·
VS 150	With more than 52 \$	003207		123

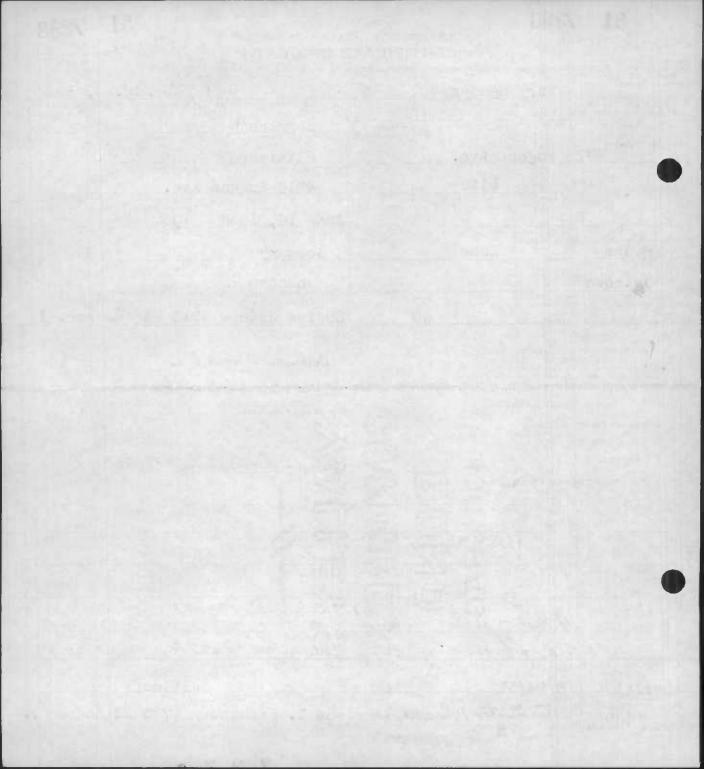


D	-3-51 7281 BALTIMORE CITY HE CERTIFICATI		l '7281
1.	NAME OF DECEASED Type or Print) DANIEL DITZEL	2. DATE OF DEATH 8/14	1/51
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased livid, If	stitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION WEMORIAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits RUKTON)	, write RURAL and give township)
	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1803 ROLAND AVENUE	5
1	ALE WHITE SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	Aug. 14.1936 Jast birthday) Mon	Under 1 Year R Under 24 Hours aths Days Hours Min.
<	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) CHOOLED AT HOME A THORSE OR INDUSTRY	MARYLAND	12. CITIZEN OF WHAT COUNTRY?
	DANIEL JENIFER DITZEL, SR.	GRACE ALBAN	
15 (Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. Da or apknown) (If yes, give war or dates of service) NONE 16. SOCIAL SECURITY NO.	FAMILY RECORDS	DDRESS
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	CERTIFICATION APPROVED BY CERTIFICATION APPROVED BY Millia County M. D. SHIEF OR ASST. MEDICAL EXAMINED.	INTERVAL BETWEEN ONSET AND DEATH
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
MEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) O. TIME (Month) (Day) (Year) (Hour) 10. TIME (Month) (Day) (Year) (Hour) 21E. NJURY OCCURR INJURY 22. I hereby dertify that I attended the deceased from deceased alice on and that death occur 21A. SIGNATURE M. D.	ED 21F. HOW DID INJURY DOCK R? Struck by Lights	-Jimonium reheli hart saw the
710 TIO	AA. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE ON, REMOVAL (Specify) AVS. 22, 1951 SATERS BAP	RY OR CREMATORY 240. LOCATION City, town.	or county) / (State)
	ALIC 2 1 1951	JOHN BURNS' SONS, TRA	ADDRESS ASON, MD.
	VS 150 N - 984.2	10007200	192



	LTIMORE CITY HE			51 7282 red No
BIRTH NO. 1. NAME OF DECEASED				
(Type or Print) ARTHUR ELDRIDGE	HELM	тск	2. DATE OF	August 19, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF A foot in hospital or institution		4. USUAL RESID		ed. If institution: residence
HOSPITAL OR INSTITUTION South Baltimore Gen	location)	C. CITY OR TOWN		e limits, write RURAL and give township)
boddi bardimore dei	Yrs.		timore 2 ESS (If rural, give location	27-0
c gth of stay in Baltimore	Mos. Days	127	E. Burkehead	
Wole Widow	E, MARRIED, VED, DIVORCED (Specify) ARR(E/)	DEC. 19,	last hirthday	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during moet of working life, even if retired) MACHINIST 5	O OF BUSINESS OR INDUSTRY		State or foreign country) VILL, COL.	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME	
MATHEW HELMI	ICK	11	VA EDWARI	DS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	MRS FRANCE	S M. HELMICK	ADDRESS 127 BIRKHEAD ST
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea in jury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING TO THE DISEASE OR CAUSE	g., (A) Coron se, (A) DUE TO (B)	ary artery s	sclerosis	
<u> </u>	FINDINGS OF OPERA	ATION		20. AUTOPSY7
	ACE OF INJURY (e. g., io farm, factory, street, office bidg., et			City, give exact location)
2 1D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	D 21F. HOW DID	INJURY OCCUR?	
22. I certify that I took charge of the	remains described as	bove, held an F	Partial Autopsy	thereon and from
the evidence obtained by said Auto and death in my opinion resulted j	psy, Inspection or In	equiry, find that	said deceased died o	on the day stated above,
23A. SIGNATURE	4	23B. CHIEF ME ASSISTANT ME	EDICAL EXAMINER	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c, NAME OF CEMETER		24d. LOCATION (City, RITCHIE H	
DATE RECEIVED BY REGISTRAR'S SIGNATULOCAL REGISTRAR	CEDAR I	25. FUNERAL DIR	ECTOR	ADDRESS C. 7/5 LIGHT ST
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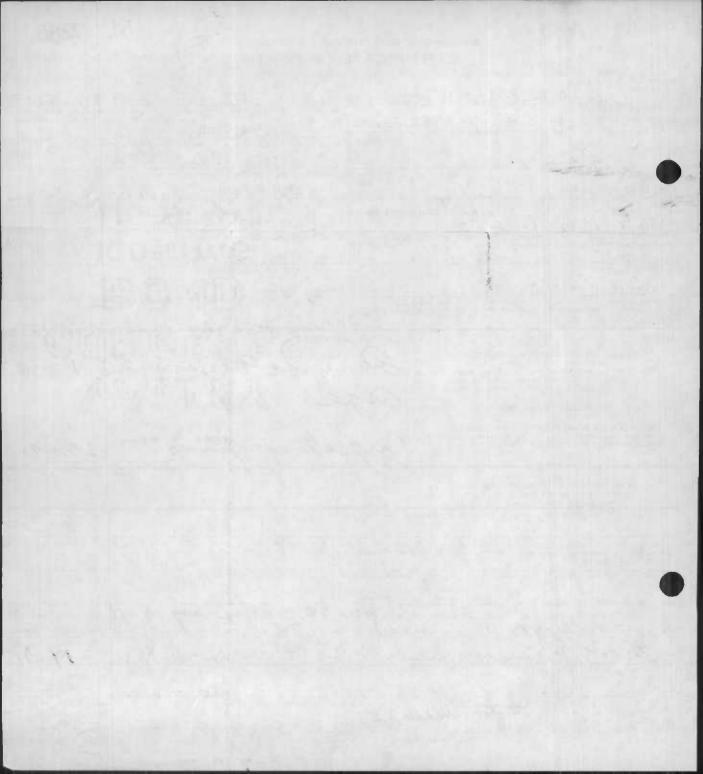
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Betty Virginia Graham DEATHAUgust 19, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 1757 Homestead St., B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland (If outside corporate limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. c. Length of stay in Baltimore 1757 Homestead St., Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify White March 1, 1871 Female Widowed 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? At home Anne Arundel Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benson Yealdhall Mary Cromwell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO No. Mrs. Ada M. Miller, 1757 Homestead St. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 22. I hereby certify that I attended the deceased from they 20, 1951, to Chica 1951 that I last saw the deceased Alive on Line 18, 1951, and that death occurred at 7 9 m., from the causes and on the date stated above. 23A. SICHATURE 23c. DATE SIGNED MUNITURAL M.D. 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY Burial Aug. 22, 1951 Loudon Park Baltimore, Md. REGISTRADS SIGNATURES DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

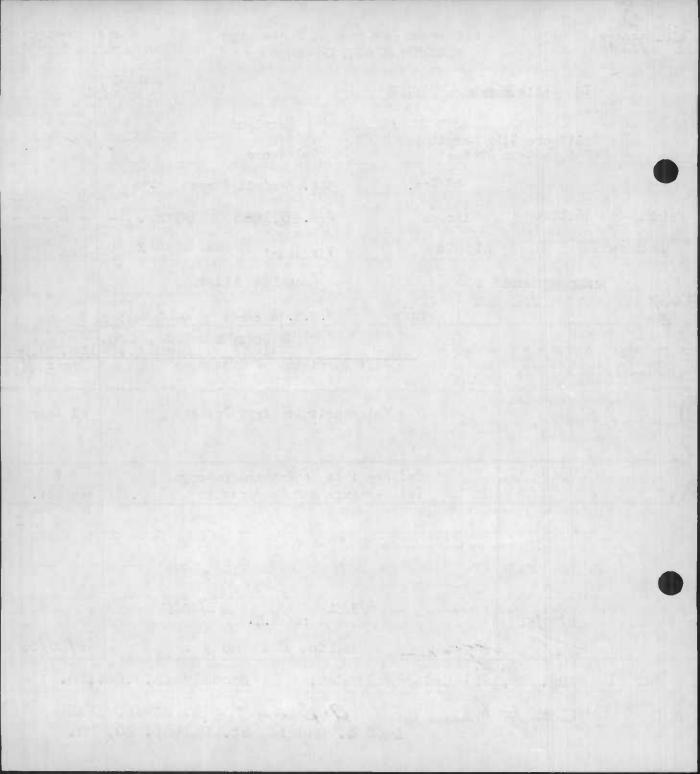
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Ullrich Funeral Home 2008 Orleans St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATEMonday (Type or Print) Ida Belle Sanders HOUSE DEATH 8/20/51 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits, write RickAL and give INSTITUTION 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 48 Irs. 3 E. Randall Atreet Davs 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years) AGE (In years) If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours | Min. Whitee Female Widowed Jan. 15,1885 66yrs. 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired WHAT COUNTRY? Essex County Housewife Home USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Sande rs Louella Allen 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. none no B. C. H. Records 4940 Eastern Avenue John Sanders, Bro. INTERVAL BETWEEN 1033 William t., Balto. 30, Md 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Left Carcinoma of heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Metastasis to Right Breast llear CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 (a) Possible Metastasis to Lungs OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Cachexia and Dehydration Few Mos. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION DICAL (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE 22. I hereby certify that I attended the deceased from 8/3/51 19 , to 8/20/51 , 19 , that I last saw the deceased alive on 8/20/51 19 and that death occurred at5:45 P.M. From the eauses and on the date stated above. 23A. SIGNATURE Balto. City Hosps. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 248. DATE Thur 24c. NAME of CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Aug. 23,1951 Cedar Hill Cem. Brooklyn, A.A.Co., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS wans A. HOWARD EVANS

Balto. 30. Md.

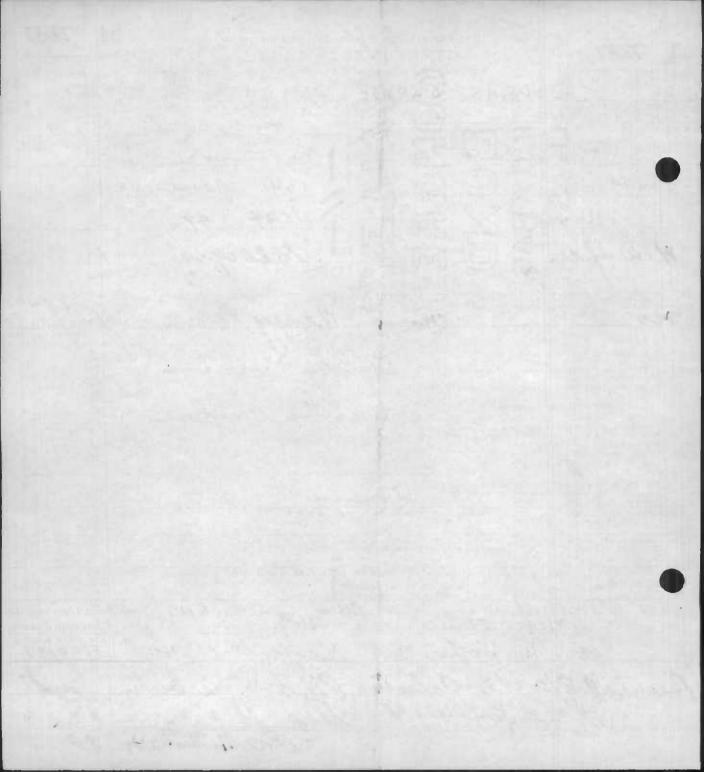


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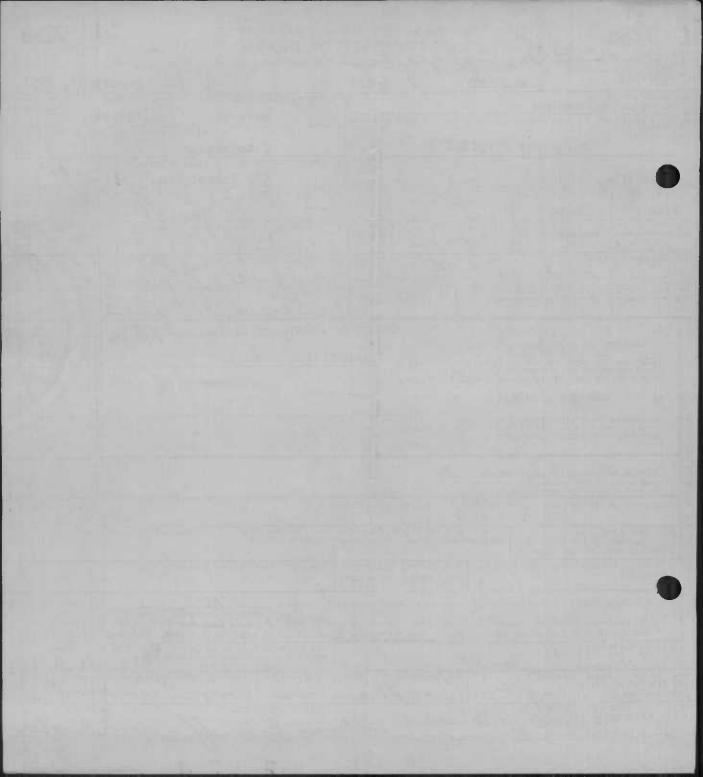
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No-

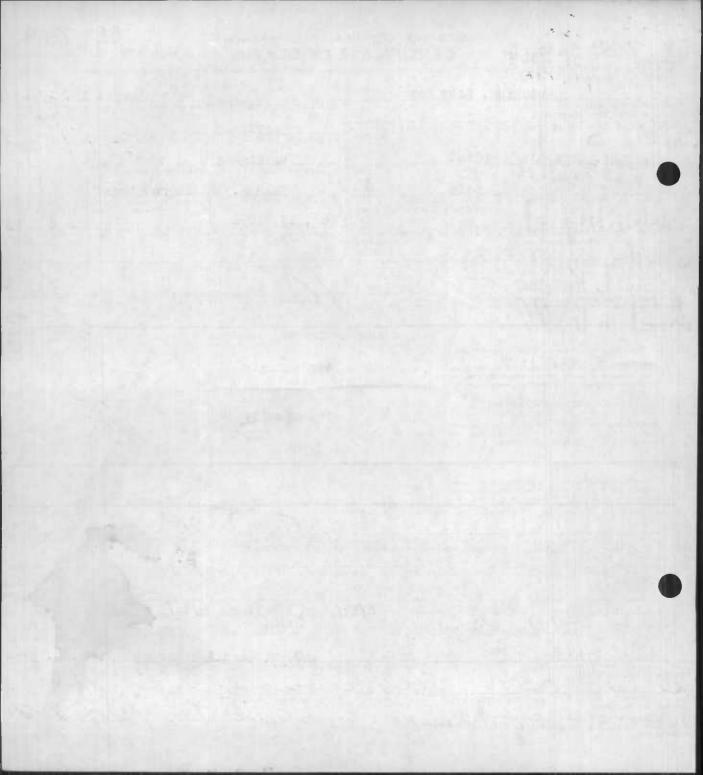
1. NAME OF DECEASED (Type or Print)	CARRIE	SMITH	2. DATE OF DEATH 8/	19/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE		If in titution; residence before ulm sion)
B. FULL NAME OF (If not in hospital or institu		mar	yland	- 01
INSTITUTION P	A location	C. CITY OR TOWN	(If outside corporate liv	ity write RI KAL and give township)
Novident	Yrs.	D. STREET ADDRESS	(If rural, give location)	0
c. Length of stay in Baltimore	Mos.	0 11	Vordue	- 1
5. SEX 6. COLOR OR RACE 7. SINGL	E.MARRIED.	8. DATE OF BIRTH	9. AGE the years	H Under 1 Year . H Under 24 Hunns
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13. FATHER'S NAME		14. MOTHER'S MAIDEN	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1.0.00011			
Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	7.	ADDRESS 34/
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(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ise.			
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TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	IT. UNE	va		
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22. I hereby certify that I attended the		3/16, 40951, 10	8/19 194	5/that I last saw the
5//	and that death occur	red at 10 Am., from		the date stated above,
23A SIGNATORE	0 -1 2	3B. ADDRESS .	A 11-1	23C. DATE SIGNED
24A. BURIAL, CAEMA-1 24B. DATE	24c. NAME OF CEMETE	PY OR CREMATORY 340	16 14328.	8/20/5/
24A. BURIAL, CREMA- TION REMOVAL (Cheeffy)	24C. NAME OF CEMETE	DU A	LOCATION (UIT), tow	n, or conty) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT	LIPE	25. FUNERAL DIRECTOR	art elle	ADDRESS
LOCAL REGISTRAR	Mianus, Mill	Mea H.	Kelm	1312
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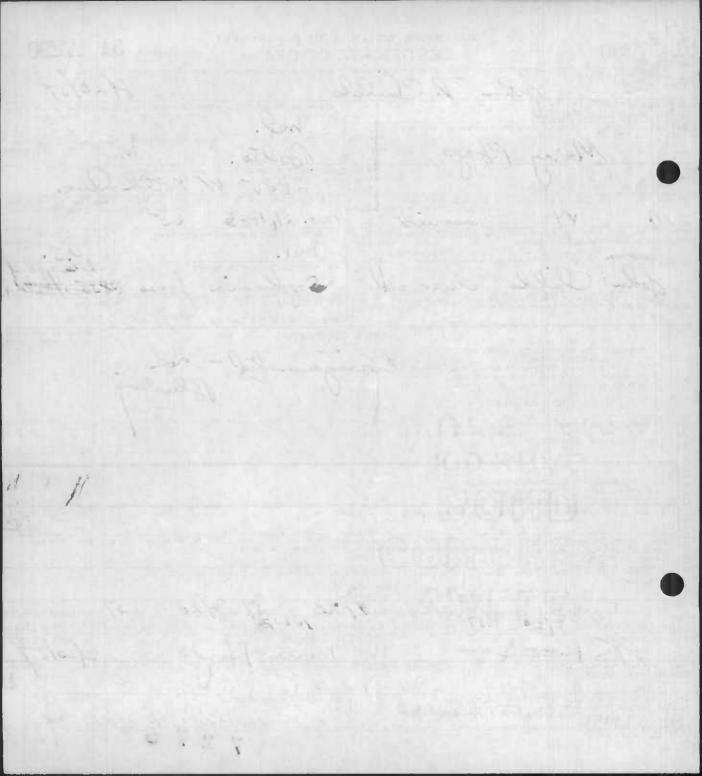
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BIRTH NO.	11-14535	, CI	ERTIFICAT	E OF DEAT	'H Re	gistered No	
1. NAME OF DI (Type or Print)		RGERY	KREBS		2. DATE OF DEAT	Anmet	19, 1951
3. PLACE OF DE	EATH: City, Maryland	0		4. USUAL RESID	ENCE (Where decea	sed lived. If instit	before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF I'f not in hospit	al or institution,	give street address or location)			Baltimore porate limits, wri	ite RURAL and give
	St. Agnes	Hospital			tonsville		township)
c. gth of st	tay in Baltimore		Yrs. Mos. Days		ESS (If rural, give		
5. SEX Female	6.COLOR OR RACE White	7 SINGLE W	ARRIED, DIVORCED (Specify)	B. DATE OF BIRT			I Year H Under 24 Hours Days Hours Min.
work done during most o	CUPATION (Give kind of f working life, even if retired)	No. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun	- ,	CITIZEN OF WHAT COUNTRY?
13. FATHER'S N	ard	9. K	rebs	le ans	alden NAME	rech	L .V
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date		SECURITY NO.	Mr. Gera	rd a. 46	rebe_	ESS
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	Month) (Day) (Year)	(Hour) 21E WHIL		ED 21F. HOW DID	NJURY OCCUR?		
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24A. BURIAL, C TION, REMOVAL (S)		21/5/ 240		D. MEDICAL INV		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	st 20, 1951 (State)
DATE RECEIVED	BY REGISTRAR	SIGNATURE	wa, Hiji	25 FUNERAL DIR	List the	410100	mulson
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5 BI	1 728 RTH NO.	39 51.19064			E OF DEATH	Registered No.	
	NAME OF Dippe or Print)		ins, Ba	bv Bov		2. DATE. OF DEATH AUGUST	18. 1951
	PLACE OF DI				4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
В.	FULL NAME		tal or institut	ion, give street address or	Maryland	B. 0001411	beroit admission)
	STITUTION		** ** **	location)	C. CITY OR TOWN (If	outside corporate limite, p	rhe RYKAL and give township)
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	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED.	8. DATE OF BIRTH	1timore Street	er Year It Under 24 House
	Male	White	Sing	ED, DIVORCED (Specify)	Aug. 17, 1951	last birthday) Month	Bays Hours Min.
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-	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WORK NOT WHILE			
		certify that I at ive on 8/18/		deceased from 8/1° and that death occur		8/18/, 1951, the causes and on the	hat I last saw the
	23A. SIGNAT		Sel		38. ADDRESS	2	3c. DATE SIGNED
24	A. BURIAL, C	REMA- 248. DATE		AC. NAME OF CEMETE		ine Street /	(State)
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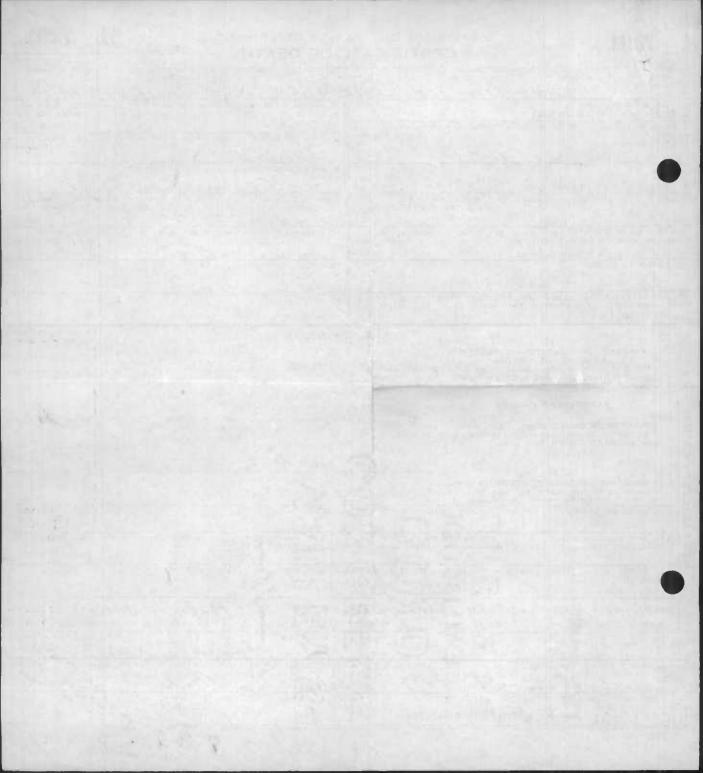
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 729 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate innits, write RURAL) and give INSTITUTION Township Yrs. (If rural, give location,) Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 9. AGE (in years) If Under | Year | If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours Min. manua 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State : foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY PROFESSIONAL OPTOMETRIST 13. FATHERIS NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. 4BS 240, 5 M 11405 835 W. NORTH AVE INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart fuilure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... ш OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., io or | 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK , 190 /, to 22. I hereby eertify that I attended the deceased from T/A 19 1, that I last saw the and that death occurred at 10 32m., from the causes and on the date stated above. deceased alive on F/L& 19-1 23A. SIGNATURE 23BA ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) 23,5 11055 LEM 118 1226 BURIAL DATE RECEIVED BY REGISTRAD'S SINNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR with stor // Mianis, Ma your ye 150



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1. NAME OF DEC (Type or Print)

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1.	NAME OF DE		0	1	7	-1/- 4	2. DATE	
3.	PLACE OF DE		uen	Neg-0		JIEN NES	Where deceased lived, I	
В.	Baltimore Ci		tal or instituti	on, give street address	sor	A. STATE	B. COUNTY	hefore admission)
	OSPITAL OR			locat	ion)	c. CITY OR TOWN (I	f outside corporate lim	its, write RURAL and give township)
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c.	Length of sta	ay in Baltimore	25	M M	os.	509 Ton		Cocurt.
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13	FATHER'S NA	AME O			1	4. MOTHER'S MAIDEN N	AME	
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Ye	. WAS DECEASED	(If yes, give war, or date	D FORCES?	16. SOCIAL SECURITY N	o. 1	7. INFORMANT		ADDRESS
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110	AA. BURIAL, CR	gify) 8 22-		NAME OF CEN	a l	OR CREMATORY 240.	acation (City, town	n, or county) (State)
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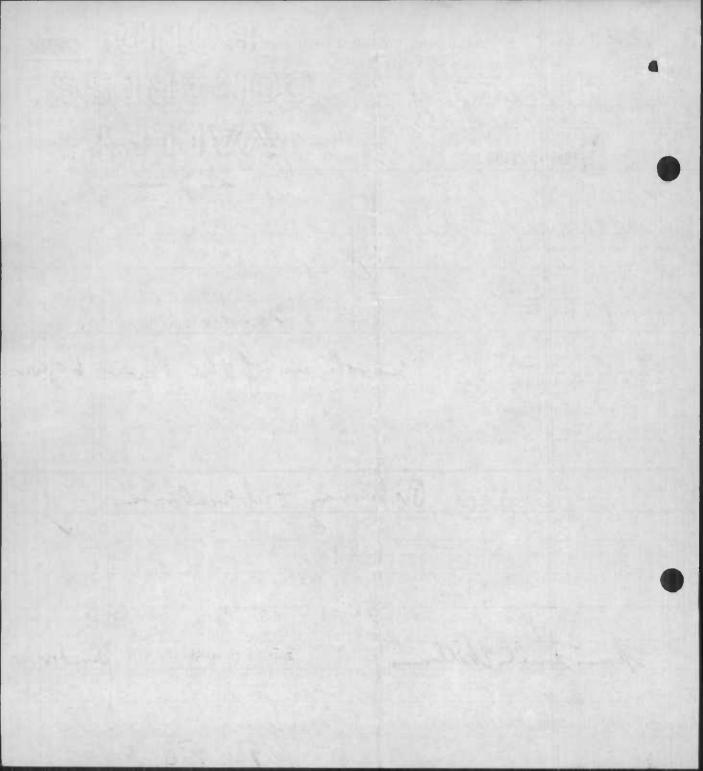
6 2 3 51 7292 BIRTH Do.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7292

2. DATE

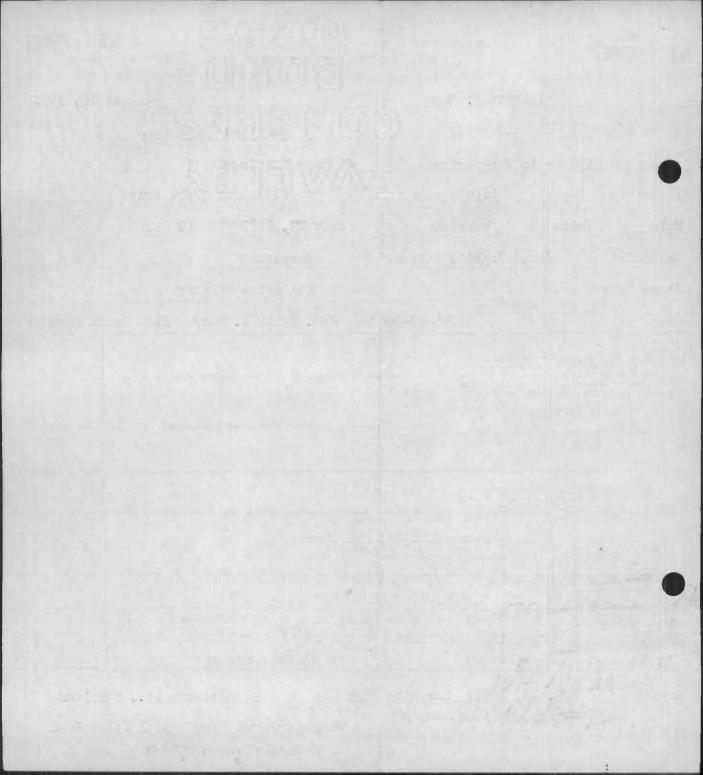
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a. Baltimore City, Maryland Med. Osl 4	4. QSUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admiration)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	1 ma hov
INSTITUTION TOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits write RURAL and give township
	- dallemore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1224 1. Madison &
5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, oven if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gerry Poole	Lucinda Woods
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
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18. 581.0 and 002 X CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
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heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
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LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., et CAUSE OF DEATH	INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE	
22. I hereby certify that I attended the deceased from 7-	24- , 1951, to 8-17- , 1951 that I last saw the
	red at m., from the causes and on the date stated above.
	38. ADDRESS. 23c. DATE SIGNED
Mones Franklu Willeamon. O.	JOHNS HOPKINS HOSPITAL /June 18,1961
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Durual 8-21-51 MX Oak	Grary Em. a. a. lo Ind
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNDRAL DIRECTOR ADDRESS
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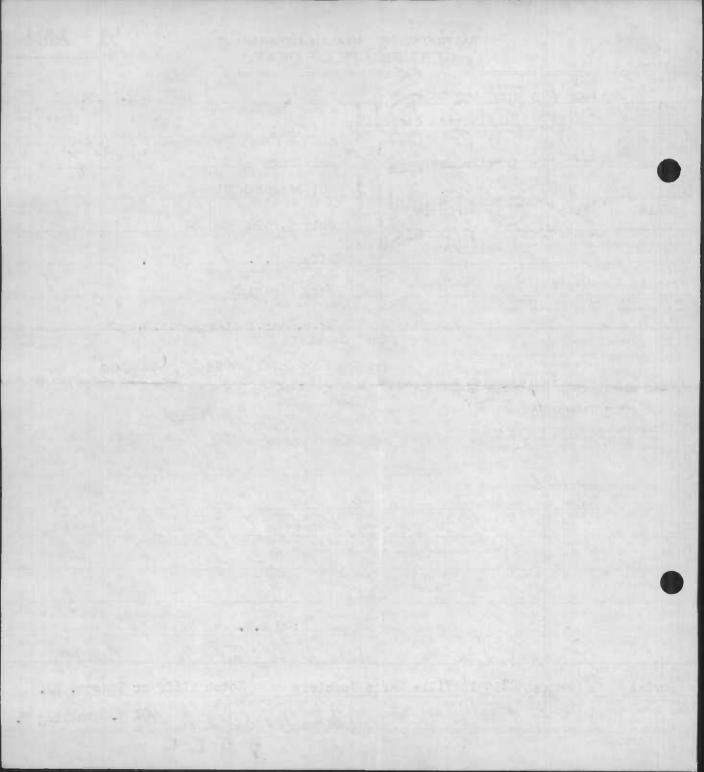
BALTIMORE CITY HEALTH DEPARTMENT

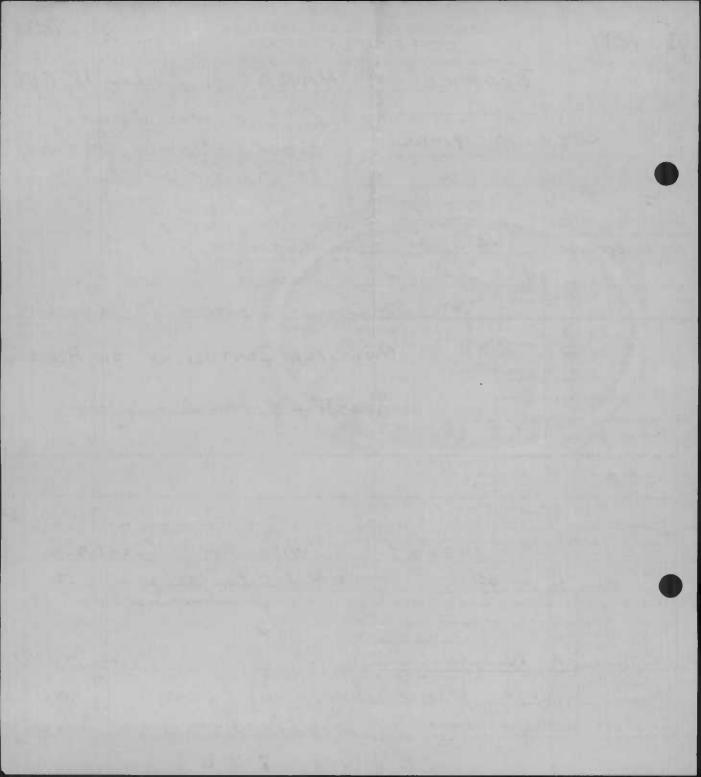
Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Talbott F. Ruby DEATH August 18, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR (If outside corporat limits, write RUR) C. CITY OR TOWN Land give INSTITUTION 2138 Druid Park Drive Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Life 2138 Druid Park Drive Days 6. COLOR OR RACE 9. AGE (in years | fi Under I Year | If Under 24 flours | last birthday) | Months; Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) June 23, 1889 Male White Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA work done during most of working life, even if retired) INDUSTRY Johns Hopkins University Machinist Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jonas Ruby Katherine Webster 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) 705-03-5067 Mrs. Edith I. Ruby 2138 Druid Park Drive INTERVAL BETWEEN CAUSE OF DEATH ONSET AND OBATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) Concert of the sections DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS: 7 ancer of the rectum 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from I July 1951, to '8 and , 1951, that I last saw the deceased alive on 17 and , 1951, and that death occurred at 1050 p.m., from the causes and on the date stated above. 234. SENATURE 238. ADDRESS 23c. DATE SIGNED 802 Cathedral Al 21 aug, 1951 24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248. DATE TION, REMOVAL (Specify) Baltimore Co., Maryland Aug. 22, 1951 Lorraine Park REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR Burgee Funeral Home 3631 Falls Road 5448 V Horace T. Burger

VS 150



7294		BAI	LTIMORE CITY HE			OT 1994
BIRTH NO.			CERTIFICATI	E OF DEAT	H Registe	red No.
1. NAME OF D	ECEASED				2. DATE	
(Type of Time)	Sister Mary J	eanette	Leberer			1g.20,51
A. Baltimore	City, Maryland 90	l Aiso	ith Street	4. USUAL RESIDE	ENCE (Where deceased liv B. COUNT	ved. If institution ; residence TY before admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN	(If outside corporate	limits, write BURAL and give
and the same	otherhouse of	Notre	Dame	Baltimore	10) - U (township)
c. Length of s	tay in Baltimore	8 Mc	Yrs. Mos. Days	901 Aisqui	th Street	on)
5 SEX Female	6.COLOR OR RACE White	7. SINGLI WIDOW	MARRIED.	8. DATE OF BIRTH	last birthday	ars If Under 1 Year II Under 24 Hours Min.
10A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	July 9.1894	State or foreign country)	12. CITIZEN OF
Teacher	of working life, even if retired)	Religi	ous INDUSTRY	Buffulo N.Y.		WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MA	IDEN NAME	
Francis X	Leberer			Mary Birsb	ach	
15. WAS DECEASI	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	a CII	ADDRESS
	(30-) 80 111 01 0110	s or sorvicey	SECURITY NO.	Sr W Stan I	Costka S.S.N.D.	
18.	D V		CAUSE	OF DEATH	HISTORY S.S. W. II.	INTERVAL BETWEEN
DISEASE RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEA: s not mean the mode of the complication which of the complication	of dying, e. ; ins the diseas caused death SES F ANY, GIVIN STATING TH STATING STATING TH STATING	(B) TALL (B) TALL (C)	ulmera estases eisstine	Gones Care Gones j insglan	ds
19A. DATE C	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION	1. /20	20. AUTOPSY?
S 21A ACCIDE	NT. SUICIDE,	21p Pl /	ACE OF INJURY (e. g., in	or 21c, WHERE D	N VISIAN	YES NO
HOMICIDE			arm, factory, street, office bldg., e		R?	City, give exact location)
D. TIME	Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	D 21F. HOW DID	INJURY OCCUR?	
22. I hereb	y certify that I att			, 19	to	19, that I last saw the
deceased al					Moom the causes and	on the date stated above.
23A. SIGNAT		2/2		3B. ADDRESS	than	23g. DATE SIGNED
24A. BURIAL, O	REMA- 24B. DATE	1 :	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or county 6 IState)
Burial	August 2	31951	Villa Maria Co	emetery	Notch Cliff ni	f Towson, Md.
DATE RECEIVED	PAR REGISTRAR			lo harles	ESTOR)	ADDRESS L S. Conkling St
VS 150			5 6 93	8407	000	50





1635			
17296	BALTIMORE CITY HE	ALTH DEPARTMEN	NT \ /
BIRTH NO.	CERTIFICATI	E OF DEATH	Regist
1. NAME OF DECEASED Elizab	eth gardner		2. DATE OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto.	4. USUAL RESIDENCE	E (Where deceased I
HOSPITAL OR	l or institution, give street address or location)	C. CITY OR TOWN	(If outside corpora
University	Nospith /	10 A3A	Ldews
c. Length of stay in Baltimore	32 Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give locat

WIDOWED, DIVORCED (Specify)

16. SOCIAL

(B)

DUE TO

(C) .

198. MAJOR FINDINGS OF OPER

WHILE AT

WORK

218. PLACE OF INJURY (e. g., in

21E. INJURY OCCURRE

24c. NAME OF CEMETER

NOT WHILE!

about home, farm, factory, street, office bldg., e

19 31. and that death occur

SECURITY NO.

10B. KIND OF BUSINESS OR

7. SINGLE, MARRIED

INOT

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

deceased alive on_

23A, SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

INJURY

LYING OR CONTRIBUTING

Las.

D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from

REGISTRAR'S SIGNATURE

24B DATE

Days

INDUSTRY

CAUSE (

E OF DEATH	Registered	d No
	2. DATE OF DEATH	-20-51
4. USUAL RESIDENCE (W	B. SOUNTY	If institution: residence before admission
C. CITY OR TOWN (IF		mits, write RURAL and giv township
D. STREET ADDRESS (If I	ural, give location)	5300
8. DATE OF BIRTH 1895	56	Months Days Hours Min.
11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
14. MOTHER'S MAIDEN NA	75	
17. INFORMANT	vd.	ADDRESS
OF DEATH		INTERVAL BETWEEN
,		ONSET AND DEATH
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cali		
betes Mel		
bro VAScular	Hadragen	J.
ATION		20. AUTOPSY?
		YES NO
or 21c. WHERE DID (If	in Baltimore City	r, give exact location)
21F. HOW DID INJURY	OCCUR?	
()	-0.0	
red at 9 20 Am., from th	e causes and on	that I last saw the the date stated above
3B. ADDRESS		23C. DATE SIGNED
RY OR CREMATORY 24p. LO	CATION (City, toy	vn, or county) (State)
	a.Co.	nid.

LOCAL REGISTRAR.

DENTIUM DATE RECEIVED BY

5. SEX

6. COLOR OR RACE

10A. USUAL OCCUPATION (Givekindel)

work done during most of working life, even if retired)

eo.

60

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

13. FATHER'S NAME

(Yes, no or unknown)

ERTIFICATION

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EDICAL

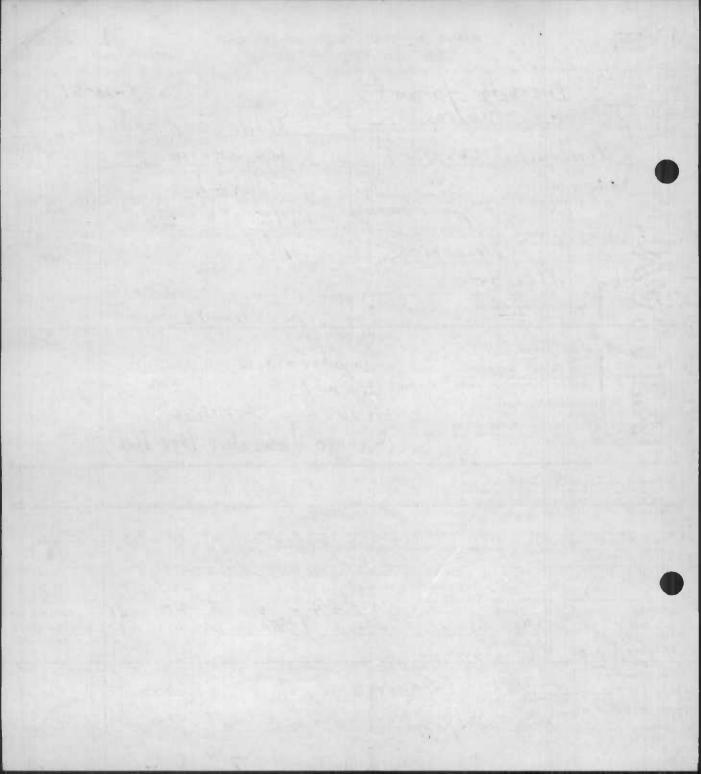
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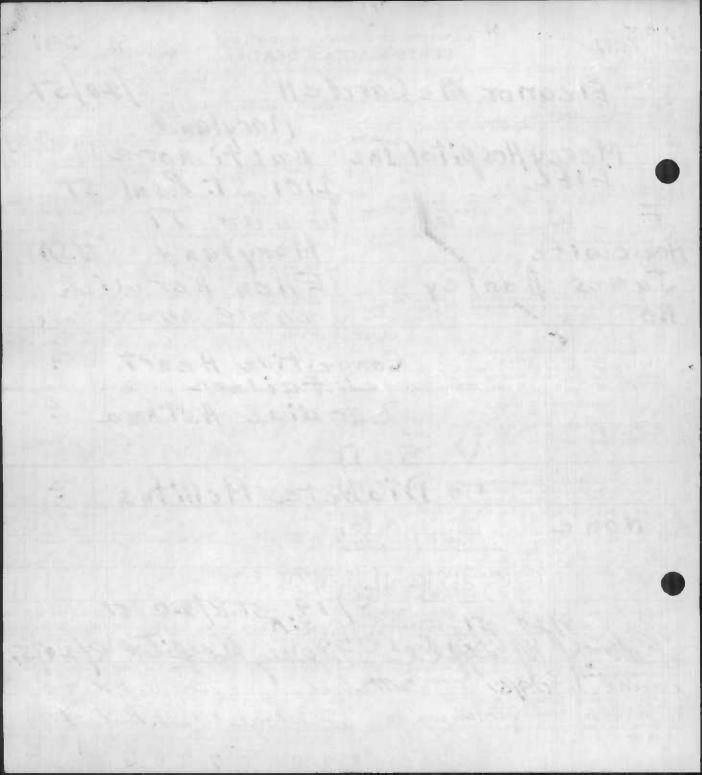
25. FUNERAL DIRECTOR

ADDRESS

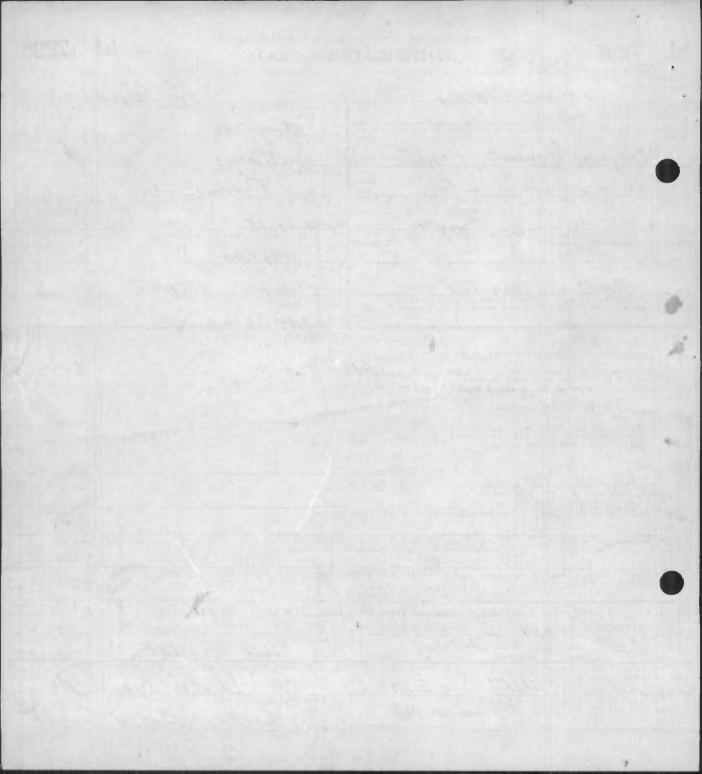
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. C. before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RUPAL and Rive township) HOSPITAL OR location) C. CITY TOWN INSTITUTION Yrs. D. STREET ADDRES (If rural, gipelocation) Mos. c. Length of stay in Haltimore Days 6. COLOR DR RACE 7. SINGLE, MARRIED 9. AGE (In years | 1 Under 1 Year | II Under 24 Hours | Ias birth ay) | Months: Days | Hours | Min. WIDOWED, D VORCED (Specify) ·W 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF world ne during most of working life, even if retired) TOUSE CU INDUSTRY FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL (Yes, moor unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO diac Asthma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONes Mellitus TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK . 195 , that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on_ 19 , and that death occurred at To A.m., from the causes and on the date stated above 24A SURIAL, CREMA-TION, REMOVAL (Specify) OF CEMETERY OR CREMATOR 248 DATA ION (City, town, or bunty) uriak DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL BEGISTON VS 150



16	24						
5.	1 72	98 50.1299			E OF DEATH	Registered No.	7298
1.	NAME OF D		Horsle			2. DATE OF DEATH Aug.	11 1957
	PLACE OF D	EATH: City, Maryland	,		4. USUAL RESIDENCE	Where deceased lived if ins	titution: residence before admission)
B. I	FULL NAME		tal or institution	n, give street address or location)		2	05
	STITUTION	clara Gara	is 14	Gen Fait	C. CITY OR TOWN	f outside corporate imits, y	township)
	1/1/6	TAIN CONC		Yrs.	o. STREET ADDRESS (If	rural, give location)	
_		tay in Baltimore	Lit	Mos. Days	1632 Cham		
5.	SEX	6. COLOR OR RACE	7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH		er l Year H Under 24 Hours
10	A. USUAL OC	CUPATION (Give kind of	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country) 12	:27
work	done during most	of working life, even if retired.	-	INDUSTRY	MARULAN		WHAT COUNTRY?
13.	FATHER'S	NAME	,		14. MOTHER'S MAIDEN N	IAME	
	m	patin ly	DASLEY		FloRings	Miller	
(Yes	, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
-					DAME AS a	Sove	INTERVAL BETWEEN
1	18. 4	93 X I	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH
	4	LEADING TO DEA s not mean the mode	TH	(A) 124	Eumonia		6 days
	heart failt	ire, asthenia, etc. It me complication which	ans the disease,				
		ANTECEDENT CAU	SES				
HON	DISEASE	S OR CONDITIONS,	IF ANY, GIVING	(B)			
4		THE ABOVE CAUSE (A)		DUE TO			
RTIFIC				(C)			
RTI	OTHER S	II SIGNIFICANT COND	ITIONS CON-				
CE		G TO THE CEATH, BUT					
اد	19A. DATE C	OF OPERATION	19B, MAJOR I	FINDINGS OF OPER	RATION		20. AUTOPSY?
ICA		ENT. SUICIDE.	218. PLAC	CE OF INJURY (e.g.,		If in Baltimore City, give	YES NO E exact location)
1EDI	HOMICIDE	(Specify)	about home, far	m, factory, street, office bldg.,	etc.) INJURY OCCUR?		
Σ	D. TIME	(Month) (Day) (Year		1E. INJURY OCCURR		Y OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereb	y certify that I at	tended the d	leeeased from Au	1208:10 PM, 19 11, tolan	721, 5:104,1957, 1	hat I last saw the
	dceeased of	live on Lug 21	. 19 - α		rred at 5:10 4.m., from 1		date stated above.
	1,8	(m	and	MID.	Md. Zow'E bk	1 20	Eng. 21 191
7/2 T/2	A. BURIAL. N, REMOVAL (S	CREMA- 248 DATE	/- 2	4c. NAME OF CEMETE	ERY OR CREMATORY 24D. L	OCATION (City, town, or	county) (State)
XL	mma	8/21/	51	LEWIS CO) RY LE	WIS OUNTY	DORESS .
6	CAL REGIST	RAR	S SIGNATUR	wee, M. M.	25 FINERAL DIRECTOR	2 13 IN ST	for the
1	UG 2 1	3311			1 CON THE	1217090	ora st
	VS 150				10 0 7	284	109 6
	- 4			1 3 43			



210. TIME (Month) (Day) (Year) (Hour)

INJURY

WHILE AT WORK

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \).

23B. CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 2.Ac. NAME OF CEMETERY OR CREMATORY

23c. DATE SIGNEU August

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

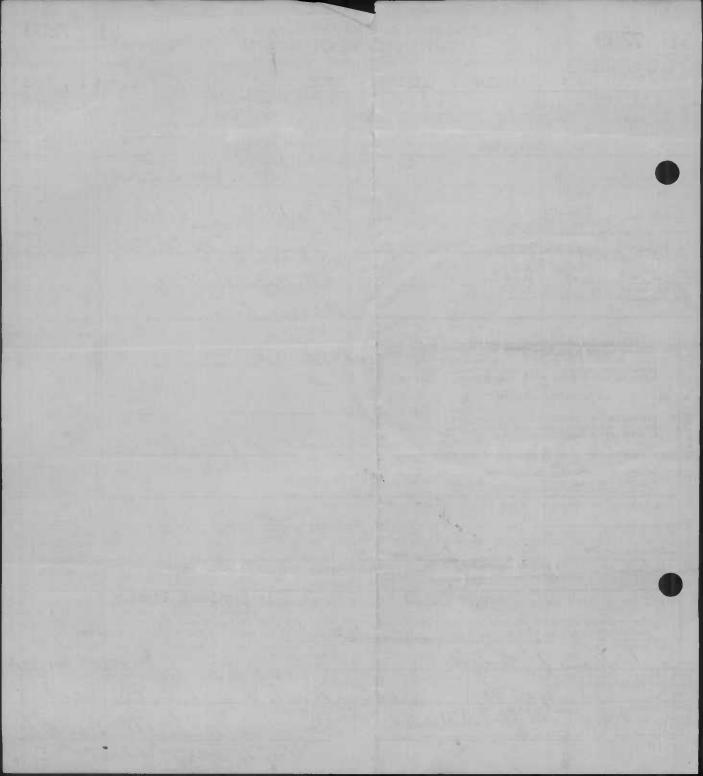
23A. SIGNATURE

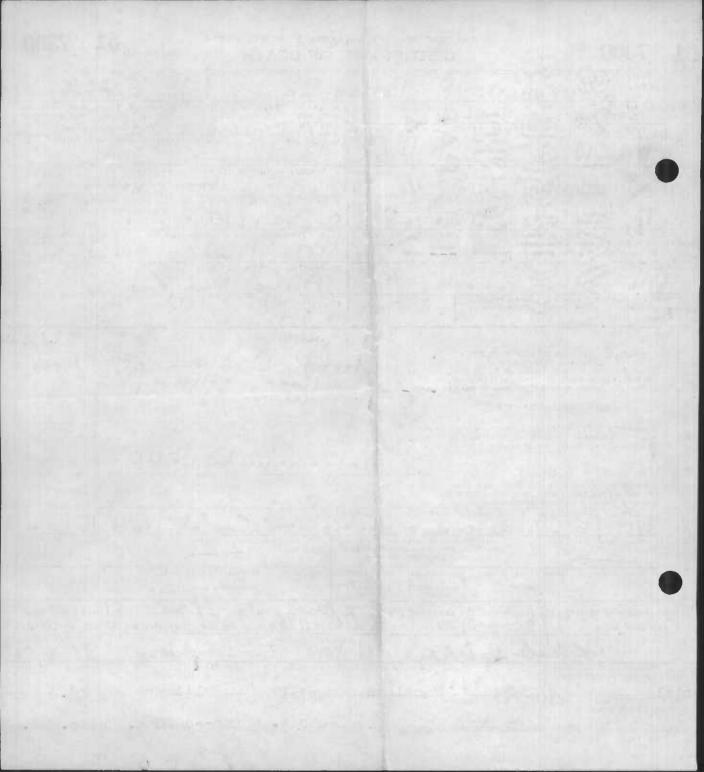
DATE RECEIVED BY

SIGNATURE

25 FUNERAL DIRECTOR

Autopsy, Inspection or Inquiry





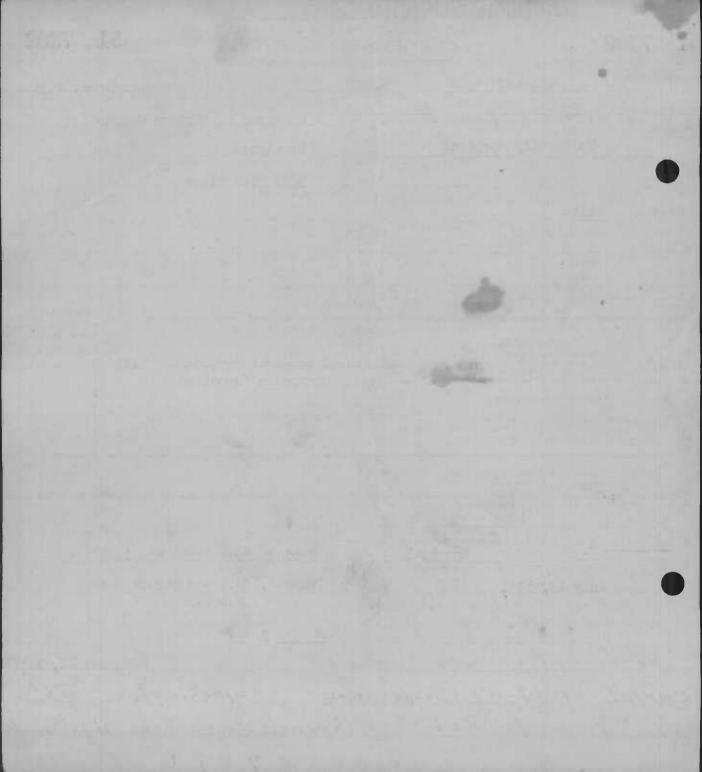
BALTIMORE CITY HEALTH DEPARTMENT

	J.L	THE	
gistered	No		

BIRTH NO.			CERTIFI	CAT	E OF DEATH	H	Registere	d No.		
1. NAME OF DI (Type or Print)		rank J.	White				2. DATE OF DEATH	-21-5	51	
	EATH: ity, Maryland OF (If not in hospit			ddress or	4. USUAL RESIDE A. STATE	•	nere deceased lived B. COUNTY		befo	re admission)
INSTITUTION	319~S. Wash	nington	Street		c. CHY OR TOWN		utside corporate li	01	ite RU	RAL and give township
	ay in Baltimore		ife	Yrs. Mos. Days	1	Washir	ural, give location agton Stre			
5. SEX M	6. COLOR OR RACE	7. SINGLI WIDOW	e, MARRIED. (ED, DIVORCED Warried	(Specify)	9-3-95		9. AGE (In years last birthday)			H Under 24 Hours Hours Min.
ork done during most of ASSEMO.	CUPATION (Give kind of working life, evon if retired) LYMAN	_	ral Motor	DIETPV	11. BIRTHPLACE (S Baltimon			12.	WSAT	EN OF COUNTRY?
13. FATHER'S N	AME latthew White	2	AUTRON	7	14. MOTHER'S MAI		ME Dembeck			
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT Virginia Wh	ite 3	319 S. Wash	ADDR	ess on S	Street
(This does heart failur injury or DISEASES RISE TO THE	E OR CONDITION LEADING TO DEAT not mean the mode of e, asthenia, etc. It mean complication which complication complication is also condition of the complication of the complication complication is also complication of the complication complication is also complication of the complication of	TH dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH	e, DUE TO	um	ie Iban	lus . di	ine		2 m	years.
TRIBUTING	GNIFICANT CONDITO THE DEATH, BUT	NOT RELATE	Jastr	ie k	arcinom	~			6 2	luos.
<u> </u>			FINDINGS O						20. A	UTOPSY!
	CONTRIBUTING	218. PLA	ACE OF INJURY arm, factory, street, o	Y (e. g., in office bldg., e	or 21c. WHERE DI		in Baltimore Cit	y, give	exact l	ocation)
NJURY ()	Month) (Day) (Year)		21E. INJURY O	OCCURRE OT WHILE	D 21F. HOW DID	INJURY	OCCUR?			
deccased ali	ve on AUG. LI	ended the , 195/,	and that deat	h oecur	red as 4. m., 38. ADDRESS	from the	6. 2 /,, 19	the de	ate ste	ast saw the ated above. TE SIGNED 7/ / 5
24A. BURIAL, C FION, REMOVAL (Sp Buria	REMA- 248 MATE		24c. NAME OF		RY OR CREMATORY		CATION (City, tor		ounty)	(Sate)
DATE RECEIVED LOCAL REGISTR	BY REGISTRAR'S			1	25. FUNERAL DIRE		403 5.	ADI	DRESS	
VS 150		1	690	1 32	5/07	2 8	7		46	B

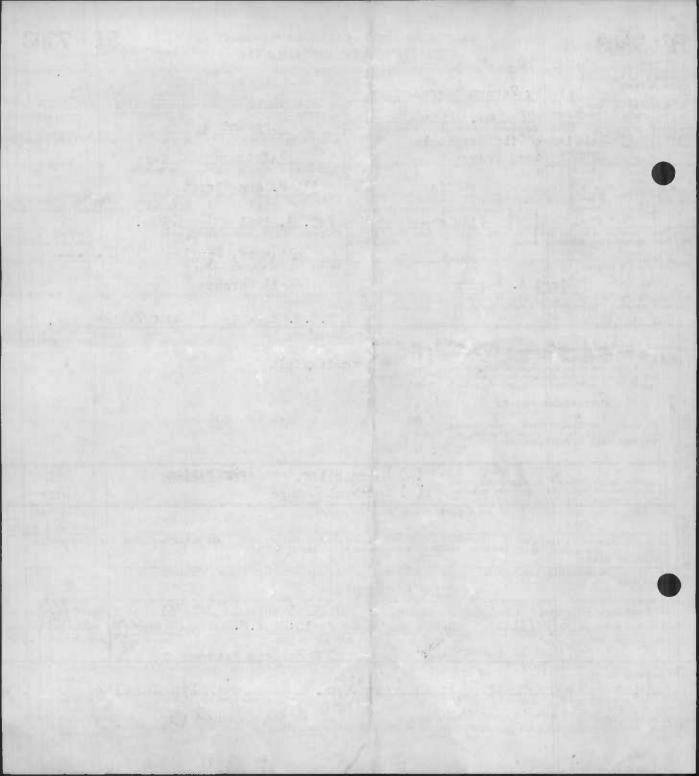
In London 14 Broadway. Contract of the Party of the

DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE CHARLES DEATH August 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Prince George HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write ht RAL and go University Hospital Brentwood o. STREET ADDRESS (If rural, give location) Mos. igth of stay in Baltimore SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH If Under 1 Year last birthday) Months: Days Hours Min. WIDOWED, DIVORCED (Specify) Male White 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Harmor 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Bilateral subdural hamatomata with heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) membrane formation ANTECEDENT CAUSES (B) ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS. EDICAL (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB-UTING TO CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Hospital Spring Grove State Hospital 210. TIME (Month) (Day) (Year) (Hour) LIF HOW DID INJURY OCCUR? NOT WHILE INJURY WHILE AT Tripped, fell and struck head July 15, 1951 WORK autopsy 22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased ded on the day stated above. and death in my opinion resulted from: natural causes , accident X. suicide E. herneide E. undeterm ned 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) TION, REMOVAL (Specify) Oh 9/ESSIONAL DATE RECEIVED BY 25. FUNERAL DIRECTOR AIIG 7 1 1951 ROM V S 151

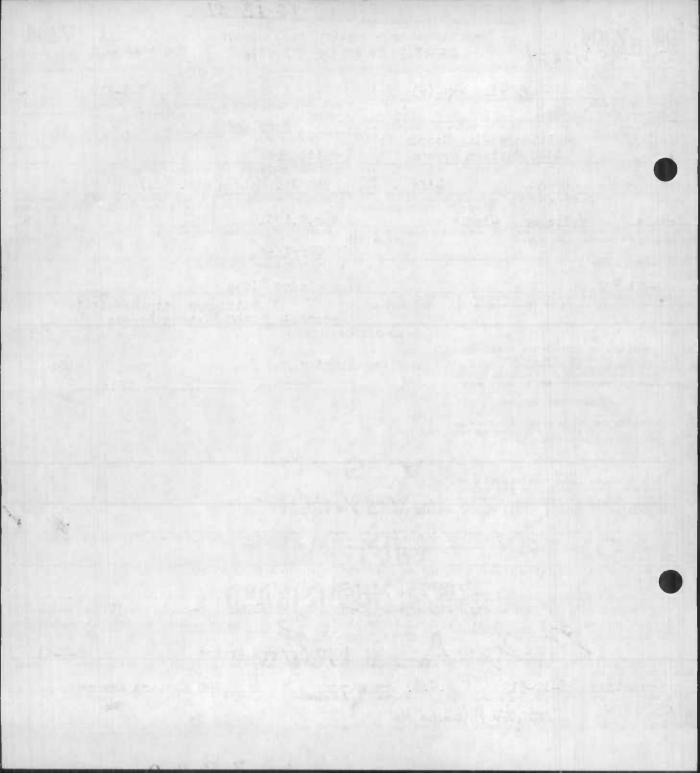


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEA 2. DATE (Type or Print) Matthew Vernon Marcus 8/19/51 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland Balto, City

B. FULL NAME OF (If not in hospital or institution, give street address or A. STATE B. COUNTY Maryland HOSPITAL OR Baltimore City Hospitals C. CITY OR TOWN (If outside corporate limits write RURAL and give 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 310 N. Ann Street c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | N Under | Year | N Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Single Feb. 3, 1951 6 Mos. 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekindoft 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRYS INDUSTRY Baltimore, Maryland None lone 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lloyd E. Marcus Rodell Marcus 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. B.C.H. Records 4940 Eastern Ave. No INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Peritonitis (This does not mean the mode of dying, e.g., (A) .. heart failure, asthenia, etc. It means the discasc. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Malnutrition and Dehydration Life OTHER SIGNIFICANT CONDITIONS CON-(B) Cerebral Damage TRIBUTING TO THE DEATH, BUT NOT RELATED Life TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK 8/15/51,19_ , to 8/19/51 , 19 , that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 8/19/51, 19, and that death occurred at 10:20 A. Hom the causes and on the date stated above. 23A. SIGNATURE 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B. DATE Brooklyn Maryland Burial DATE RECEIVED BY Mt Calvery Cem. STOUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



	000	C	ERTIFI	CATE CORRI	ECTED 18-1	3-51	
	51 7	304	BAI	LTIMORE CITY I	HEALTH DEPART	MENT / 5	7304
R	ND_151129	51-17869		CERTIFICA	TE OF DEAT	H Registered N	0
1.	NAME OF DE	ECEASED				2. DATE	
_	Type or Print)		Girl V	Yay (Gladys)		DEATH 8-8-	51
	Baltimore C	City, Maryland			A. STATE	ENCE (Where deceased lived, If i B. COUNTY	institution: residence before admission)
	FULL NAME (OF (If not in hospit	al or institut	ion, give street address	or Mary		WETEN !
	ISTITUTION		re city astern	Hospitals Avanua	Baltimore	(If outside corporate limits	township)
-		4740 2	ware in	Yrs		ESS (If rural, give location)	
c.	Length of st	tay in Baltimore		Life Mos	9/10 54 11.	elena Ave. (22)	5300
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Speci	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.
	Female	White	Singl		Aug.8,1951		1 29
or	k doneduriog most o	CUPATION (Give kind of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTE	RY	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	IAME			Maryland 14. MOTHER'S MA	IDENI NAME	
	James W						
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	Gladys P		DDFEE
Υe	s, no or uokoown)	(if yes, give war or date	s of service)	SECURITY NO.	Records: 1	Saltimore City Hos	pitals
	18. 7-7	4 x .		CAUSE	OF DEATH	SHO PASCECT AVENUE	INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEAT	DIRECTLY				ONSE! AND DEATH
	(This does	not mean the mode ore, asthenia, etc. It mee	f dying, e. s	r, (A) Pre	maturity		Life
	injury or	complication which c	aused death	DUE TO			
,		ANTECEDENT CAUS	ES				
2	DISEASES	OR CONDITIONS, IN	ANY, GIVIN	(B)		0**************************************	
-	UNDERLY	ING CONDITION LA	ST.	(C)			
1							
		II IGNIFICANT CONDI					
)		TO THE DEATH, BUT SEASE OR CONDITION					
1	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OP	ERATION		20. AUTOPSY?
)	21a. ACCIDE	ENT WAS UNDER-	218. PLA	ACE OF INJURY (e. g	, in or 21c. WHERE D	ID (If in Baltimore City, gi	ive exact location)
1	LYING OR	CONTRIBUTING	about home,	farm, factory, street, office bid	g.,etc.) INJURY OCCUI	R?	
	TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?	
			m,	WHILE AT NOT WHILE WORK AT WOR			
	22. I hereby	y certify that I att	ended the	deceased from	3-8 , 1951	., to 8-8 , 19 51	that I last saw the
	deccased ali	ive on 8-8	, 19_51.	and that death occ	urred at 2 pm.,	, from the causes and on th	
	23A. SIGNAT	URE C	bone		4940 Eastern	Arrana	23c. DATE SIGNED
2	4A. BURIAL, C	REMA- 24B. DATE	0	24c. NAME OF CEME	TERY OR CREMATORY	24D. LOCATION (City, town, o	
10	on REMOVAL (Si	ion 8-10-51		B.C.H. Crems	torv	4940 Eastern Av	787118
	ATE RECEIVED		SSIGNATL	JRE (25. FUNERAL DIRI		ADDRESS
1	UG 2 1 19	51. Thurties	ton My	liames, Africa			
	VS 150		· 6 ×	to see to the see			159
				1 9 5	1000		19/
				76.5			The state of the s



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH I. NAME OF DECEASE 2. DATE (Type or Print) Baby Girl Paula Saunders (Marjorie) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore N. Eden St. (5) 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Female Negro Single June 25,1951 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Grav Marjorie Saunders 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Baltimore City Hospitals (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 4940 Eastern Avenue 18. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Congenital Heart Disease 42 Days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NJURY WHILE AT NOT WHILE 6-25 . 1951. to 8-7 . 1951, that I last saw the 22. I hereby certify that I attended the deceased from_

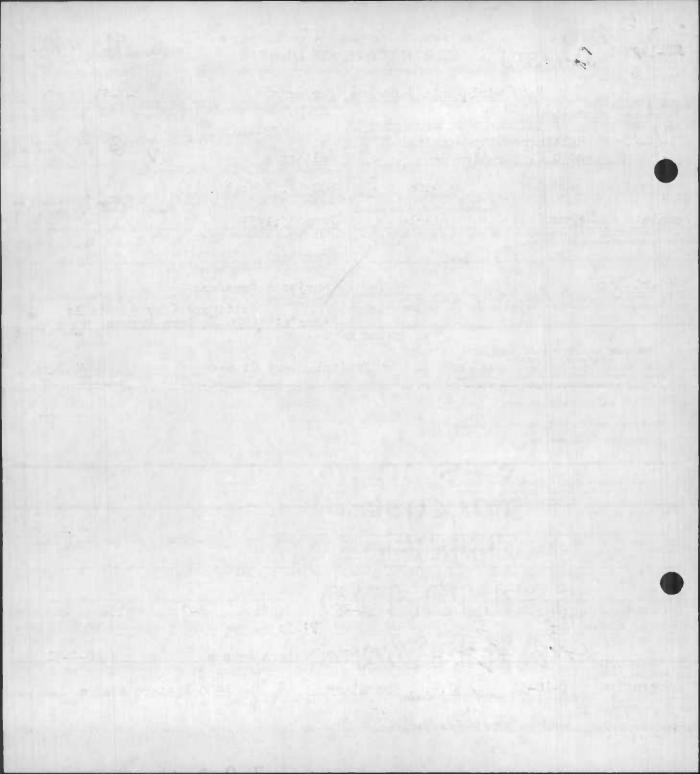
19_51. and that death occurred at \$15p_m., from the causes and on the date stated above. deceased alive on_ 23A SIGNATURE 23B ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Cremation 8-10-51 DATE RECEIVED BY LOCAL REGISTRAR

B.C.H. Crematory

Light Eastern Avenue 25. FUNERAL DIRECTOR ADDRESS

VS 150 The state of the state of the

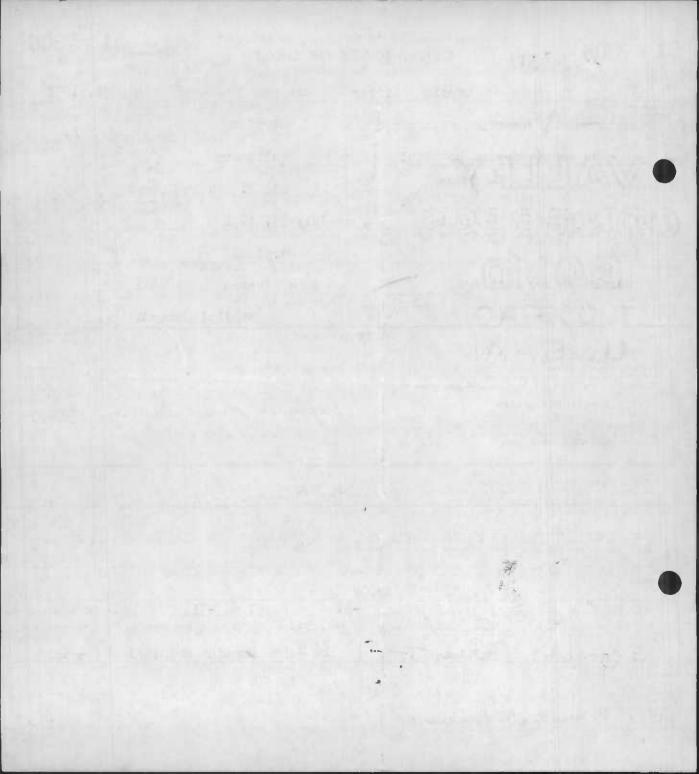


1	235	200	вА			EALTH DEPARTMENT	.5	1 7306
В	IRTH NO.	50051-173	81	CERT	IFICATI	E OF DEATH	Registered	No.
1.	NAME OF Type or Print)	DECEASED	Не	arold	Oliver	Hastings	2. DATE OF July	31, 1951
	PLACE OF	DEATH: City, Maryland			1	4. USUAL RESIDENCE (V		institution : residence
B. H	FULL NAME	OF (If not in hos	spital or institu	ition, give si	treet address or location)	Maryland		before admission)
11	NSTITUTION	The Johns H	Hopkins I	Hospita	al	Baltimore	6	township)
C	Length of	stay in Baltimor	0	Years	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location) Stle Street	-3
	SEX	6. COLOR OR RAC	E 7. SINGL	Jan.		8. DATE OF BIRTH	9 AGE (in years	If Under 1 Year If Under 24 Hours on the Days Hours Min,
10	Male	White CCUPATION (Give kin	doft 10B. KIN	ngle D of Bus	INESS OR	July 31, 1951 11. BIRTHPLACE (State or for	oreign country)	12. CITIZEN OF
YOF	k done during mos	t of working life, even if retin	red)	THE STATE OF	INDUSTRY	Maryland		WHAT COUNTRY
13	B. FATHER'S		A TELL T		-	14. MOTHER'S MAIDEN N	AME	- 1)
		rold Oliver		5		Anna Gleason	579861	- 76
15 (Ye	NO NO DECEAS	SED EVER IN U.S. RI (If you, give war or c	MED FORCES?	16. SOC	URITY NO.	17. INFORMANT HOSpite	al Records	DDRESS
	18.	615	11	1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITIO		11.1		M	1	PASET AND DEATH
	heart fail	es not mean the mod ure, asthenia, etc. It r complication which	e of dying, e, neans the disea	se,		Aspharia	V	40 min
		ANTECEDENT CA	-///	, 500		Incomplate Bra	1.	
Z	DICTACI		///	(B	,	In complete Bra	och Daliva	7 40 mm
ATION	RISE TO	ES OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING T		то	/		
Q	ONDERE	CONDITION	LAST.	(C)			
F		П						
CER	TRIBUTIN	SIGNIFICANT CON IG TO THE DEATH, BI DISEASE OR CONDITI	JT NOT RELAT	ED	Prama	tuilg		
1	19A. DATE	OF OPERATION	198. MAJOF	RFINDING	GS OF OPER	ATION		20. AUTOPSY?
CA	21A. ACCI	DENT WAS UNDER	_ 218. PL	ACE OF IN	JURY (e. g., in	1 210 WHERE DID (I	f in Baltimore City,	give exact location
MED	LYING C	DEATH	about bome		street, office bldg., e	LC. INJURY OCCUR?		
	INJURY	(Month) (Day) (Ye	ar) (Hour)	WHILE AT WORK	NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
	22. I here	by certify that I	attended the			31 1951 to 7-	-31 195]	, that I last saw the
	deceased o	alive on 7-31	1951	and that	death occur	red at 9: 10P m. from t	he causes and on t	he date stated above.
	23A. SIGNA		0			3B. ADDRESS		23c. DATE SIGNED
	(51	conge W.	(Bru		M. D.	The Johns Hopkin		83-51
2	4A. BURIAL.	CREMA- 024B. DATE		24c. NAM	E OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)

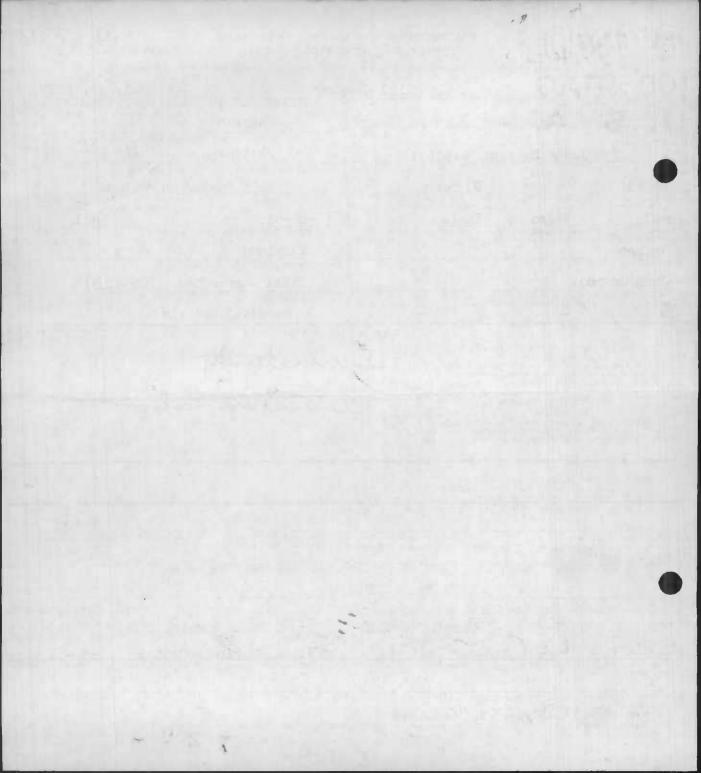
25. FUNERAL DIRECTOR

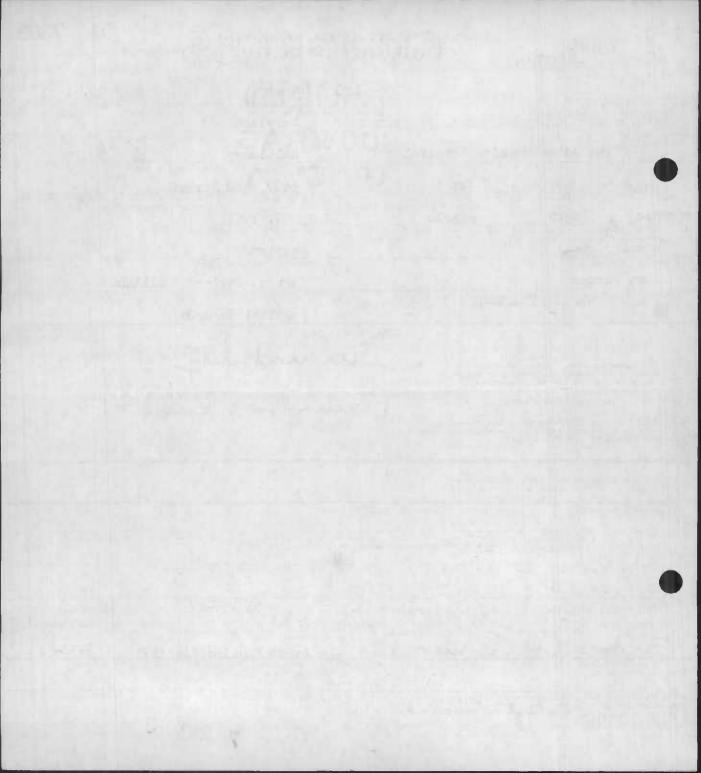
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ADDRESS

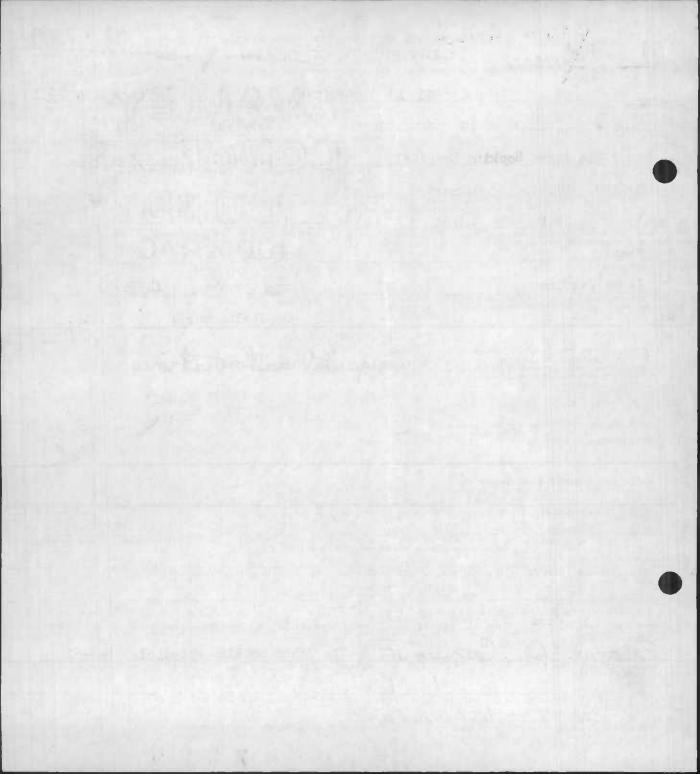


516 7	307			HEALTH DEPARTM		51 7307
1. NAME OF D (Type or Print)	ECEASED	В	aby Girl C	amphor	2. DATE OF DEATH JU	ly 28, 1951
	EATH: City, Maryland OF (If not in hospit	al or instituti	on, give street addres	A. STATE Mary	NCE (Where deceased lived B. COUNTY Vland	l. If institution: residence before admission)
INSTITUTION	he Johns Hopl	cins Hos	spital	Balt	imore 9	mits, write RURAL and give township)
	tay in Baltimore	0:		18.	Edmondson Ave	
Female	6. COLOR OR RACE		MARRIED. ED, DIVORCED (Spe Le	8. DATE OF BIRTH 7-26-51	9. AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCOM done during most of Infant	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY)				ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
John Ca				14. MOTHER'S MAII		83749)
15. WAS DECEASE	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO	17. INFORMANT	al Records	ADDRESS
This does heart failure injury or DISEASES RISE TO THE UNDERLY OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA	TIONS CONNOT RELATE	(B) E OUE TO (C)	-umata Ziematu	rely re labor	ONSET AND DEATH
	F OPERATION 1		FINDINGS OF O	PERATION		20 AUTOPSY?
LYING OF		about home, fo	CE OF INJURY (e. arm, factory, street, office b	dg.,etc.) INJURY OCCUR	7	y, give exact location)
INJURY	(Month) (Day) (Year)	m.	WHILE AT NOT WE WORK AT WO	ILE RK	INJURY OCCUR?	
deceased all signates and signates all signates are signates and signates are signates and signates are signa	CABMA- pecify) 24B, DATE D BY REGISTRAR	2 19_51.	M.D. M.D. EAD NAME OF CEMINA	eurred at1:30A m., j 23B. ADDRESS The Johns Hop	from the causes and or other hospital 24d. LOCATION (City, to	51, that I last saw then the date stated above. 23c DATE SIGNED 7-30-51 wn, or county) (tate)
VS 150		7 A	Security (5 1 0 3 0	7292	159

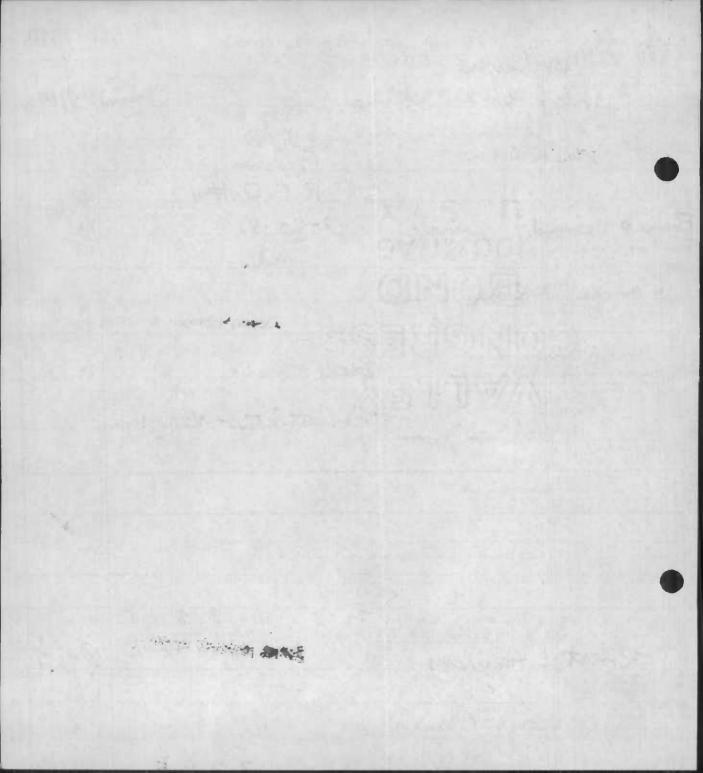




635	2000	BAL	TIMORE CI	TY HE	ALTH DEPARTMENT	5:	1. 7309		
BIRTH NO.	7309-17802	,	CERTIFI	CATE	E OF DEATH	Registered N	Vo		
1. NAME OF D (Type or Print)	ECEASED		v Girl	На	rdiman 2. DATE OF August 2, 1951				
3. PLACE OF D	EATH: City, Maryland	200	T Call ada also asso		4. USUAL RESIDENCE (W.				
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		1	ddress or oeation)					
Langth of a	The Johns Ho	0.77		Elk Mills D. STREET ADDRESS (If rural, give location)					
5. SEX	tay in Baltimore 6.COLOR OR RACE	7. SINGLE	. MARRIED.	Days	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours		
Female	White	0.	ED. DIVORCED	(Specify)	8-2-51	last birthday) Mo	nths Days Hours Min.		
IOA. USUAL OCCUPATION (Give kiod of work done during most of working life, even if retired) Infant IOA. USUAL OCCUPATION (Give kiod of long to long the long th			11. BIRTHPLACE (State or for Maryland	reign eountry)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S N	IAME				14. MOTHER'S MAIDEN NA	ME			
	s Hardiman				Alice Foraker	r (47959)	8)		
(Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY	Y NO.	17. INFORMANT		DDRESS		
No	-			-	Hospital Rec	cords	J.H.H.		
Z DISEASES RISE TO THE UNDERLY OTHER S TRIBUTING	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) ING CONDITION LA	aused death. ES FANY, GIVING STATING THI ST. TIONS CON NOT RELATER	(B)		utal walform				
19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF	F OPER	ATION	ALL I	20. AUTOPSY?		
	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY			in Baltimore City, g	yes No vive exact location)		
D. TIME (Month) (Day) (Year)	w		CCURRE OT WHILE	21F. HOW DID INJURY	OCCUR?			
deceased al		ended the	deceased from	n 8- h oceur	red at 7:45P m., from th	-2 , 19 5 te causes and on th			
24A. BURIAL, C	rae W.	(a)	4c. NAME of	. D.	3B. ADDRESS The Johns Hopkins RY OR CREMATORY 24D. LO		8-7-51 or county) (State)		
DATE RECEIVED LOCAL REGIST		1. 14.	Miama, A		25. FUNERAL DIRECTOR		ADDRESS		
VS 150			1 9 1	5 1	60072	0 4	157M		



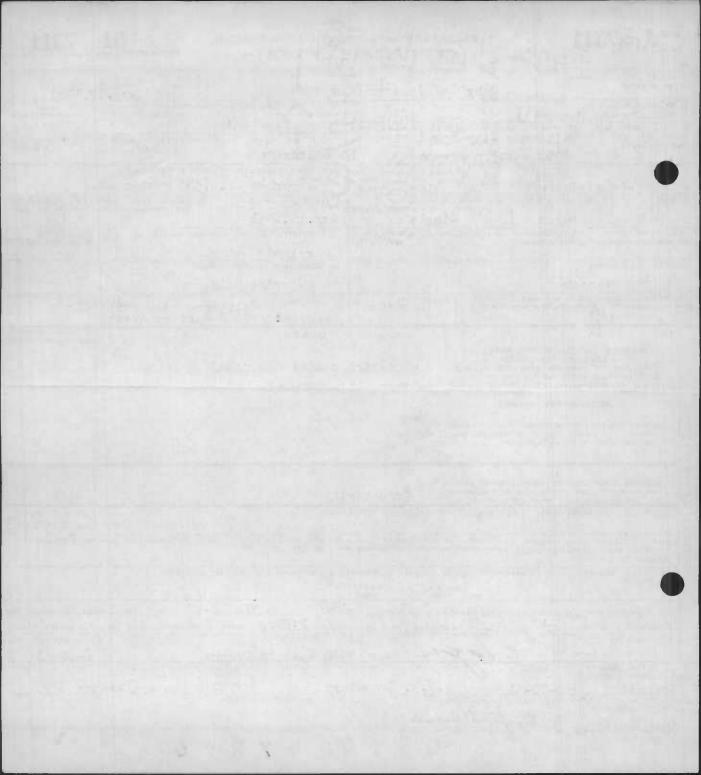
52,000 Disposal	4 17740
BALTIMORE CITY HEALTH DEPARTMENT Registered N	51 7310
1. NAME OF DECEASED 2. DATE OF OF	La lac.
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. COUNTY	nstitution : residence before admission)
HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits	
JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location)	township
c. Length of stay in Baltimore Mos. R.F.D.#1	6.200
Female Calayed Single 1-28-51	Under 1 Year If Under 24 Hours the Days Hours Min.
10A. USUAL OCCUPĂTION (Give kind of ork done during most of working life, even if retired) 10B. KIND OF WUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO. 18. HOPKINS HO	DRESS
18. 762 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	3day
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	
	YES NO
2 1A. ACCIDENT WAS UNDER: LYING OF CONTRIBUTING 21B. PLACE OF INJURY (e.g., in or LYING OCCUR?) 2 1A. ACCIDENT WAS UNDER: LYING OF CONTRIBUTING 21C. WHERE DID (If in Baltimore City, ging of Death) 2 1A. ACCIDENT WAS UNDER: LYING OF CONTRIBUTING 21C. WHERE DID (If in Baltimore City, ging of Death)	ve exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 7-28, 151, to 8-8, 151,	that I last saw the
deceased alive on 3, 1951, and that death occurred at 5 Pm., from the causes and on the 23A. SIGNATURE 23B. ADDRESONAS HOPKINS	e date stated above.
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or town, o	or county) (State)
Hoy perfore	4DDDDGG
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
VS 150	159



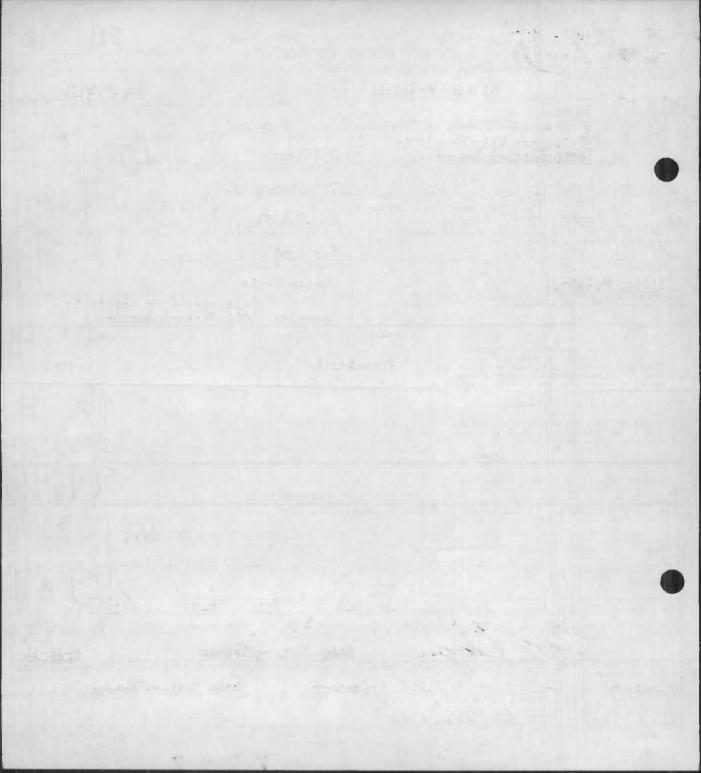
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7311

BIRTH NO.							
1. NAME OF DE (Type or Print)	CEASED	Baby	Boy Johnson (C	Forrine)	2. DATE OF DEATH AU	2.17,1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) before admission			
B. FULL NAME O	F (If not in bospit	al or institut	ion, give street address or Hospital socation)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
INSTITUTION	4940 Ea			Baltimore	(If buttside corporate	township)	
			Yrs.	D. STREET ADDRESS	(If rural, give location)	7	
c. Length of sta			Life Mos.	535 Trasher			
	6. COLOR OR RACE		E, MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday) M	onths Days Hours: Min.	
Male	Negro	IOR KIND	OF BUSINESS OR	Aug. 16, 1951	te or foreign country)	1 12. CITIZEN OF	
vork done during most of	working life, even if retired)	TOB. KINE	INDUSTRY	Maryland Maryland	w or voreign country)	WHAT COUNTRY	
13. FATHER'S NA	AME			14. MOTHER'S MAID	EN NAME		
John Jo	ohnson			Corrine	Cole		
15. WAS DECEASED	EVER IN U. S. ARMEE	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Ba	Itimore City Hot	DORESE.	
				Records 4940 Eastern Avenue			
18. 76	0.5		CAUSE	OF DEATH		ONSET AND DEATH	
	OR CONDITION	TH	Tutus	cranial Hemor	· · · · · · · · · · · · · · · · · · ·	Life	
heart failure	not mean the mode of e, asthenia, etc. It mea complication which of	ns the diseas	e.	cranial -emor	-116		
	NTECEDENT CAUS		., 502.10				
z			(8)				
	OR CONDITIONS, 11 E ABOVE CAUSE (A) NG CONDITION LA	STATING TH					
UNDERLYI	NG CONDITION LA	51.	(C)				
	11						
TRIBUTING	GNIFICANT CONDI	NOT RELATE	D Promotor	ity		Life	
19A. DATE OF	OPERATION 1		FINDINGS OF OPER			20. AUTOPSY7	
V	*					YES K NO	
21A. ACCIDE	NT WAS UNDER- CONTRIBUTING	21B. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID	(If in Baltimore City,	give exact location)	
INJURY	fonth) (Day) (Year)		21E. INJURY OCCURRI	21F. HOW DID II	NJURY OCCUR?		
22. I herehu	certify that I att		0	16 19 51	to 8-17 , 195	1 that I last sam the	
deceased alia	0 0 0		account j	,,	rom the causes and on t	the date stated above	
23A. SIGNATU	JRE I	//_	_ 2	3B. ADDRESS		23c. DATE SIGNED	
24A. BURIAL, CF	REMA- 24B, DATE	w	M. D. 4	940 Eastern A	7enue 4d. LOCATION (City, town	8-20-51 (State)	
TION, REMOVAL (Sp.	ecify)	0	B.C.H. Cremat				
DATE RECEIVED	BY REGISTRAR			25. FUNERAL DIREC	4940 Eastern A	ADDRESS	
ALIC 2 1 1	AR Thursting	ton M	Clians, Hom				
VS 150			4 3 4 5		0 0 1		
			2 0 1 1	2 0 7	2 9 6	160a	



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Clifton McIntosh Aug. 9, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Mary land HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUKAL and give Baltimore City Hospitals INSTITUTION Mownship) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos c. Length of stay in Baltimore 765 George St. Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours. Min. Male Aug.8,1951 Single 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY work done during most of working life, even if retired) INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clifton McIntosh Thelma Keels 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Hospitals SECURITY NO. Reocrds: 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Prematurity Life (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Aspiration pneumonia TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT 8-8 _, 151, to 8-9 . 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 8-9 _____, 19 51 and that death occurred at 1 p __m., from the causes and on the date stated above, 23A. SIGNATURE 238 ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 4C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE B.C.H. Crematory Cremation 4940 Eastern Avenue DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



-6Hospital Wisposal	
51 MALTIMORE CITY HE	OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) ROSER "BALV	Boy" 2. DATE OF DEATH AUG 17.1951
3. PLACE OF DEATH: A. Baltimore City, Maryland HLH-PN	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
MALE White SINGLE (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 9. AGE (In years Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL =	OLIVE MAE?
Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	JOHNS HOPKINS HOSPITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	heravellas/semonlage 2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	emotint 17 cograms
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPERA	TION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from & deceased alive on 8 77, 1991, and that death occurr	ed at 1032 pm., from the eauses and on the date stated above.
	B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	YOR CREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
VS 150	160a

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51 7315 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It Institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN f outside corporate limits, write RURAL and give INSTITUTION townshin mare Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) amale IOA. USUAL OCCUPATION (Givekind of YOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) ADDRESS SECURITY NO 18. INTERVAL SETWEEN CAUSE OF DEATH 472 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Interns destes ander un culow DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20 AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT , 1987, to Class wet 1719 I, that I last saw the 22. I hereby certify that I attended the deceased from May I deceased alive on Annual 1, 19 1, and that death occurred at 2 1 Am., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOGATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR 305 VS 150

DR. Osborne

BALTIMORE CITY HEALTH DEPARTMENT Registered No ... CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give winship (If rural, give location) Yrs. Moor c. Length of stav in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years If Under I Your Il Under 24 Hours WIDOWED, DIVORCED (Specify) last hirtuday) Months: Days Hours: Minmarried 10A. USUAL OCCUPATION (Give kind of york down if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ay during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. 20.1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. (A) injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE 22. I hereby certify that I attended the deceased from ling o to Using of 19 , that I last saw the deceased alive on Men 2.39 hl, and that death occurred at Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A BURIAL, CREMA-240 NAME OF CEMETERY OR REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS

VS 150

12: 19 12 7. 11 3

of the state of the state of

24c. NAME OF CEMETERY

Brown Funeral Home

VS 150

Remova.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LIDCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

John T. Stansbury 2700 Edmondson Ave

OR CREMATORY

25. FUNERAL DIRECTOR

240. LOCATION (City, town, or county)

Tuscumbia Alabama

ADDRESS

San Tocument Pina 51-7318

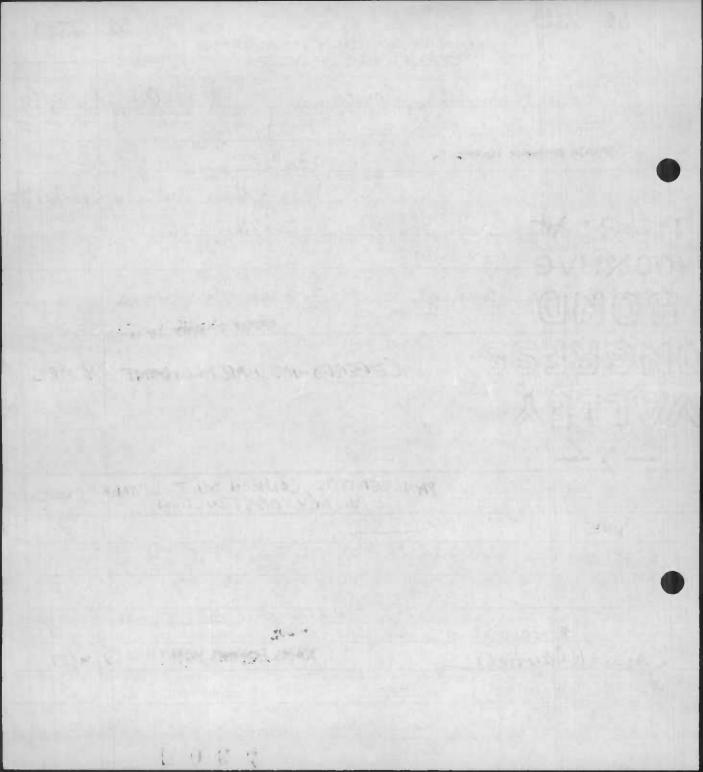
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

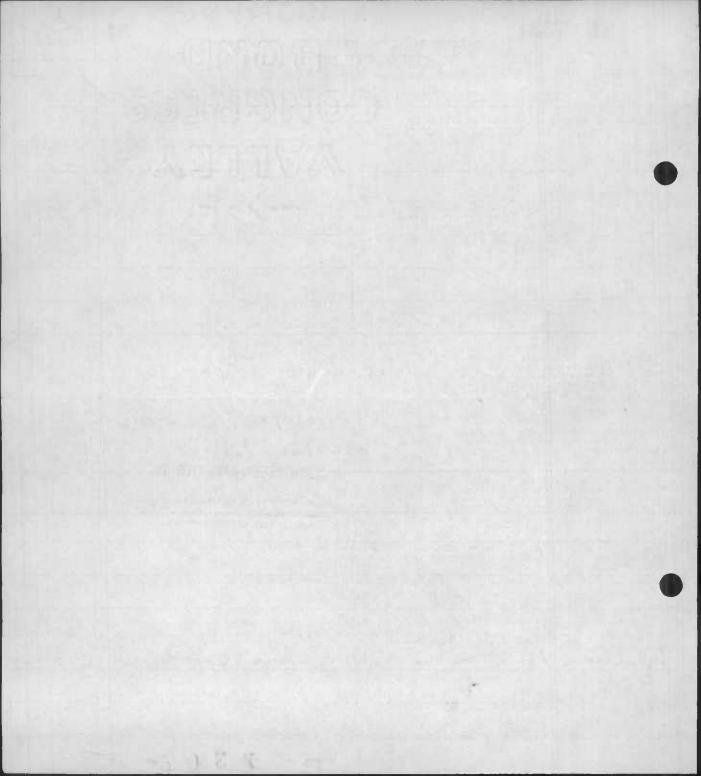
BIRTH NO.	
(Type or Print) and Romling Cn	esus 2. DATE OF DEATH Marst 20. 491
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. I institution; residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	myl.
HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	1 Sleekstone apt, Charles and 32 44
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE In years I fluide I ver It under 24 Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ork done during most of working life, even if retired) "urse-Retired" rofessional	Md WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vanannas Chara	Davida Rambian
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) FOURTY NO	17. INFORMANT ADDRESS
Yes, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	TOWNS WODEN
18. 33/X. CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	ERRO-VASCUUR ACCIDENT 8 HES
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
(0)	
OTHER SIGNIFICANT CONDITIONS CON-	MITIS, COMMON DUCT STONE ? WE
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	BALLARY OBSTRUCTION 2MUS-
, 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	
NONE	YES NO D
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
deceased alive on \$ - 20, 1951, and that death occur	8-19, 1951, to 9-20, 1951, that I last saw the
	erred at 3 2 m., from the causes and on the date stated above.
Opines Ellustrele M.D.	JOHNS HOPHING HOSPITAL 8/2/87
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Runie 1 8/23/51 Pose Hill	Cumberland, I'd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Dem Juknes - Jones Balla Mills
	The state of the s



T#21 66 72 10 John Strain Land A STATE OF THE STA

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF FLORINGE ADDIE DWINS Aur. 20. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1914 Bolton St. A. STATE B. COUNTY before admi sion Md. (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1814 Polton St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min Divorced Oct. 25. 1885 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY rilliner TTO TISA SATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willard H. Owens Leah Russalls 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 15-09-2039 lre. Willer! H. Owens 715 V. Therlee St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ' ANTECEDENT CAUSES cleratic Lardia DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPS CHIEF OR ASST. MEDICAL EXAMINER. EDICA NO (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? INJURY WHILE AT m. WORK AT WORK _, 19___, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on_ 23 A. SIGNATURE 23B. ADDRESS 23c. BATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 2/22 Runial Loudon Plr. Com DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



Nattae Howser

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Skinner

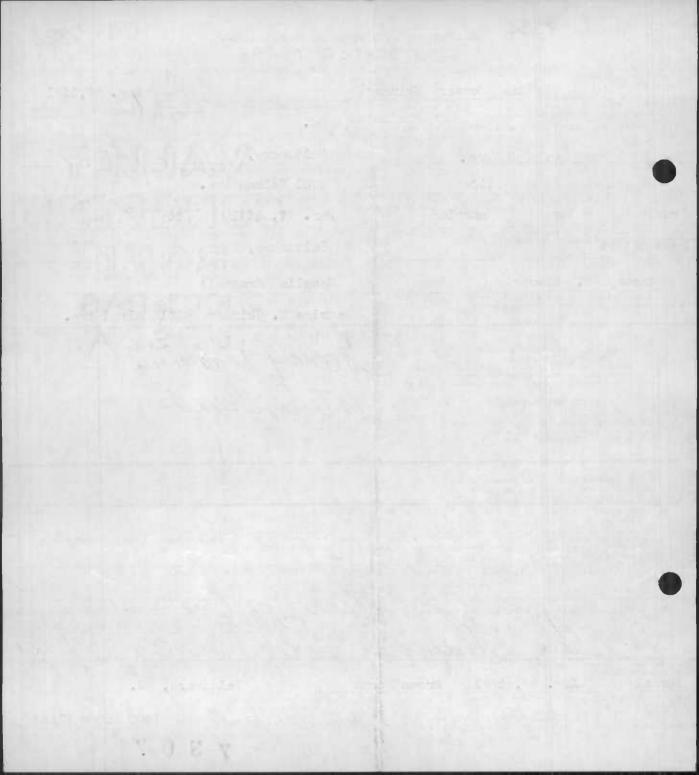
51 7322 Registered No.

Aug. 20,1951

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

A. Baltimore City, Maryla	nd	A. STATE B. COUNTY	before admission)			
B. FULL NAME OF (If not in HOSPITAL OR INSTITUTION	n hospital or institution, give street addre loca	I I				
E COV	land Ave.	Baltimore, 27-14 township				
		Yrs. D. STREET ADDRESS (If rural, give location) - (
c. Length of stay in Baltin	nore 1116	Mos. 4701 Roland Ave.				
Female 6.COLOR OR white	RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (SI	B. DATE OF BIRTH Jan. 27, 1871 9. AGE (In year. last birthday)	Months Days Hours Min.			
10A. USUAL OCCUPATION (Giver a done during most of working life, even home during	vekind of 10B. KIND OF BUSINESS O INDUS		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Gassaway S. Ho	owser	Cecelia Branwell				
15. WAS DECEASED EVER IN U. S (Yee, no or unknown) (If yee, give we	ARMED FORCES? 16. SOCIAL SECURITY N	17. INFORMANT NO. Maurice E. Skinner 4701 Ro	ADDRESS			
110 //	/					
DISEASE OR CONDITED TO THE ABOVE CAUUNDERLYING CONDITED TO THE ABO	D DEATH mode of dying, e.g., It means the disease, which caused death.) CAUSES ONS, IF ANY, GIVING SE (A) STATING THE DUE TO	Menosclemes	INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON	H. BUT NOT RELATED					
19a. DATE OF OPERATION	198. MAJOR FINDINGS OF C	DPERATION	20. AUTOPSY?			
21a. ACCIDENT WAS UN LYING OR CONTRIBUT CAUSE OF DEATH		e.g., in or 21c. WHERE DID (If in Baltimore Cibldg., etc.) INJURY OCCUR?	ty, give exact location)			
21D. TIME (Month) (Day)	(Year) (Hour) 21E. INJURY OCC	URRED 21F. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT W					
	I attended the deceased from	100000	95, that I last saw the n the date stated above. 230 DAJE SIGHED			
Muli	a lifelforthe	OOU Tolansun	10/10/2			
24A. WURIAL, CREMA- TION, REMOVAL (Specify) Burial Aug	22, 1951 Green Mon	METERY OR CREMATORY V24b. LOCATION (City, to Baltimore, Md.				
DATE RECEIVED BY REGIS	TRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS D Eutaw Place			
VS 150	59.08	5 1 2 2 0 7 3 0 7	94a			



(Type or Print)

HOSPITAL OR

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT

Registered No-

51 7323

		51	732
BIRTH	NO.		

1. NAME OF DECEASED

A. Baltimore City, Maryla

3. PLACE OF DEATH:

B. FULL NAME OF

CERTIFICATE OF DEATH

2. DATE DEATH August 21, 1951

ty,		rylaı	nd						Ì
						Mary		address or location)	
16	15	Par	ck A	ve:	nue	9			ı

Bertha B. Disney

4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY A. STATE before admission) Maryland

Yrs. life Mos.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore Days 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)

4902 Cordelia Ave. 8. DATE OF BIRTH 9. AGE (In years

6. COLOR OR RACE female white single 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR

Mar. 7. 1879

11. BIRTHPLACE (State or foreign country)

Il Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY

none 13. FATHER'S NAME

vork done during most of working life, even if retired) INDUSTRY

Baltimore. Md. 14. MOTHER'S MAIDEN NAME Cornelia L. Audoun

Henry E. Disney

17. INFORMANT

ADDRESS Mabel E. Disney - Baptist Home, 1615 ParkAve

U. S.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

4771

SECURITY NO

16. SOCIAL

CAUSE OF DEATH Cardor asculos Discope

INTERVAL BETWEEN ONSET AND DEATH

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES

DUE TO

advanced arteris sclerosis , 3 my cardety- about 6 mo durale

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

198. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES

19A. DATE OF OPERATION

218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21E. INJURY OCCURRED

21c. WHERE DID (If in Baltimore City, give exact location) IN HIRY OCCURS 21F. HOW DID INJURY OCCUR?

10. TIME (Month) (Day) (Year) (Hour) NJURY WHILE AT NOT WHILE WORK AT WORK

1926 to aug 2/ , 195/, that I last saw the deceased alive on aug 26, 1951, and that death occurred at 3 4 m., from the causes and on the date stated above, 23B. ADDRESS

22. I hereby certify that I attended the deceased from Jan ! -

24B. DATE

8 - 24 - 51

REGISTRAR'S SIGNATURE

2220 Garrison Blvd.

24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY

Loudon Park

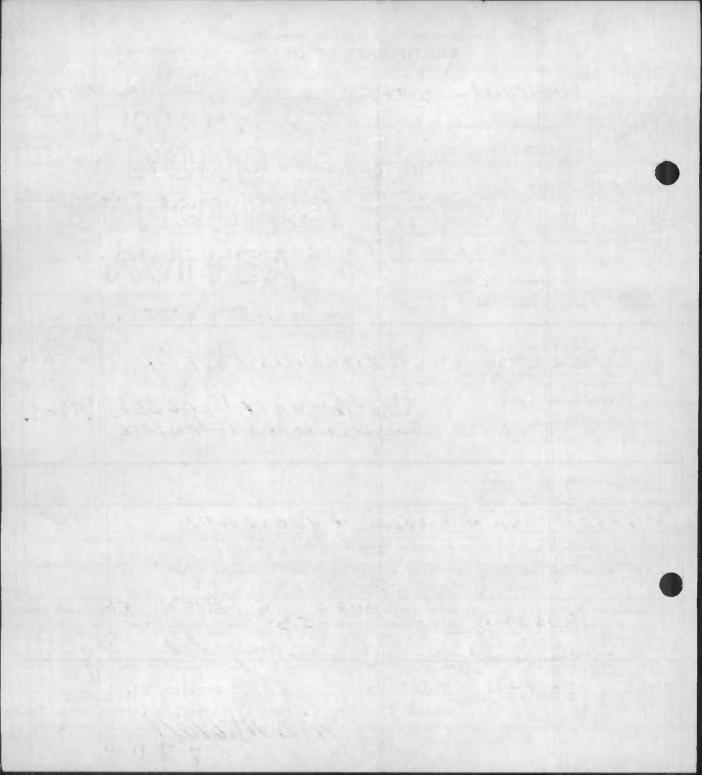
Baltimore, Md. 25. FUNERAL DIRECTOR

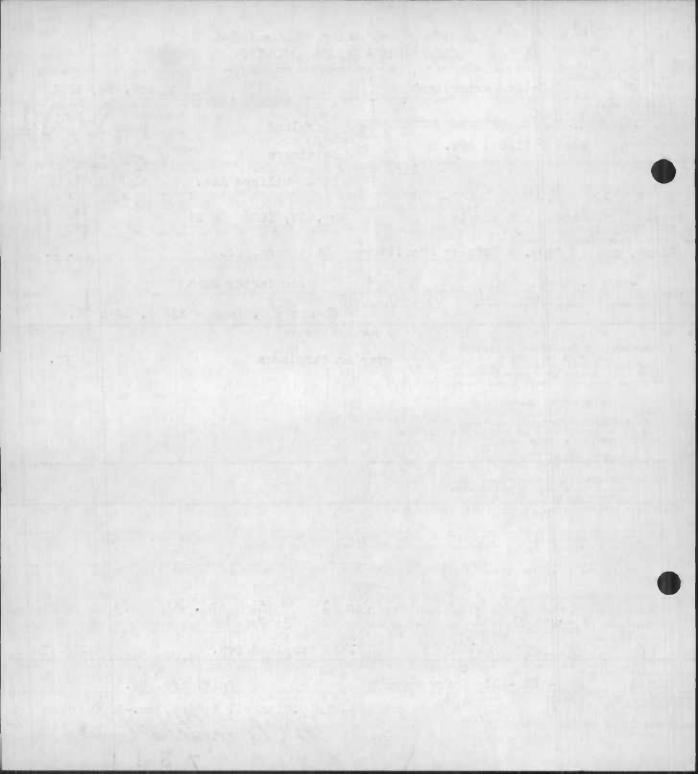
ADDRESS John O.Mitchell & Sons, Inc .- 1900 Eutaw Place

AUG 2 2 1951 VS 150

The try // Williams / Mall

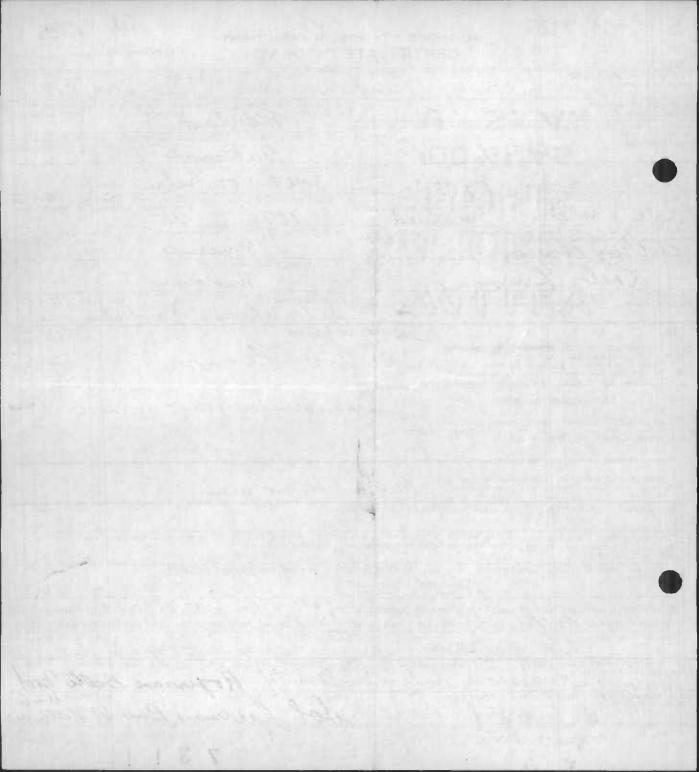
Lieu in value a trans. A Company of the Assessment of THE MAY ROLLING TO STANK ALL





51 7326

CERTIFICATI	E OF DEATH Registered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH 8/21/5-1
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Manual By COUNTY before admission)
B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL OR INSTITUTION location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
	13 allimon 1000
c. Length of stay in Baltimore 54 U.S. Mos. Days	3 407 Cowhatan and
5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours
Male white married	1876 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dreb Leven	Unkown
15. WAS DECEASED EVER IN U. SARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. MFORMANT Por South 7
18. Vac CAUSE	OF DEATH WIN OWNER CON COME
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	bral /h vom bosis / Nau
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
1	1 (00
ANTECEDENT CAUSES	evio ocher the Heart dixare Than
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	s tought aum
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
U 210 PLACE OF INJURY (2.5)	YES NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location) index.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify shat I attended the deceased from	lug 2/, 195/, to lug 2/, 19 5, that I last saw the
deceased alive on weefel, 19 5! and that death occur	
23A. SIGNATURE LEON W. C. 2	38. ADDRESS Juan Hosp 18 Que 21'5
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	D- 4 D
Bureal Aug 22/5/ Sorlington	The gove one is all the
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL/DIRECTOR ADDRESS 1/26



51 7327

BALTIMORE CITY HEALTH DEPARTMENT

	C	FRTIFICAT	E OF DEATH	Registered N	0		
BIRTH NO.		EIXTH TOXT	L OI DEATH				
1. NAME OF DECEASED B. (Type or Print) Mrs. Cora		(CORA B.	STAGGE)	2. DATE OF DEATH 8/20	/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE	E (Where deceased lived, If i			
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION BON SACO		give street address or location)	Marylan c. CITY OBJANTIMO		write RURAL and give		
34		Yrs.		D. STREET ADDRESS (If rural, give location) 4227 Annapolis Road, Balto-27-Md.			
c. Length of stay in Baltimore		Mos. Days	ll	polis Road, Ba	lto-27-Ma.		
Female White	7. SINGLE, N WIDOWED WIDOWED	, DIVORCED (Specify)	1/11/1881	9. AGE (In years last birthday) Mor	Under 1 Year If Under 24 Rours nths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Housewife 13. FATHER'S NAME	At Ho	ne	Baltimore M		USA		
	Reiter		Unk.				
15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give war or date	of service)	security no.	17. INFORMANT Gladys M. Je	ffers	DDRESS Same		
LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the compl	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE CAUSE OF DEATH TOXEMIA TOXEMIA (A) TOXEMIA (B) Intestinal Obstruction (B) Use TO						
UNDERLYING CONDITION LAST. (c) Stricture of Recto; & Sigmoid OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	CAUSING IT.						
. 19A. DATE OF OPERATION 1	9B. MAJOR FI	ndings of oper Intestina		n	20. AUTOPSY?		
8/12/1951 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		OF INJURY (e. g., i factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)		
D. TIME (Month) (Day) (Year)	WHIL	E AT NOT WHILE AT WORK	ED 21F, HOW DID INJ	URY OCCUR?			
dcceased alive on 8/20/51	cnded the dec	ceased from 8/2	12/ 51 , 19, to	8/20 /51, 19 m the causes and on th	, that I last saw the		
23A SIGNATURE Mun	doza	M. D.	38. ADDRESS	ayette	8. 20. 51		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	0 240	. NAME OF CEMETE	RY OR CREMATORY 24	D. VOCATION (City, town,	or county) (State)		
Burial Aug. 22 DATE RECEIVED BY LOCAL REGISTRAR AIG 7 1951	51 W	liquis, M.	25. FUNERAL DIRECTO		rland ADDRESS		
VS 150		VZ/Harrist	F.B. Wippert &	Son 1300 Eu	taw P1. 17		
		10 m 3	4	1 1 1 1 6	42.10		

TE . II was occurred a preschiefe.

EALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or INSTITUTION OHNS HOPKINS HOSPITAL location) C. CITY OR TOWN

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

SECURITY NO.

10B. KIND OF BUSINESS OR

Registered No-

INTERVAL BETWEEN

20. AUTOFSY

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, if Institution: residence A. STATE B. COUNTY) before idmiss before admission) (If outside corporate limits, write RI KAL and give

(If rural, give location)

9. AGE (In years | ff Under 1 Year | ff under 24 Hours | last hirthday) | Months Days | Hours Min -/0 -

INDUSTRY WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME

11. BIRTHPLACE (State or foreign country)

17. INFORMANT JOHNS HOPKINS HOSDITA

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

CAUSE OF DEATH

Yrs.

Mos.

Days

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., In or LYING OR CONTRIBUTING

about home, farm, factory, street, office hldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE

AT WORK WORK

21F. HOW DID INJURY OCCUR?

1951 to 8-21- , 195/ that I last saw the 22. I hereby certify that I attended the deceased from ... 19 5 , and that death occurred at deceased alive on O m., from the causes and on the date stated above. 23B. ADDRESS 23C DATE SIGNED

24A. BURIAL CREMA-24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

VS 150

CAUSE OF DEATH

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

ork done during most of working life, even if retired)

rusewal

401.3

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or uaknawn) (If yes, give war or dates of service)

13. FATHER'S NAME

(Yes, ao or uaknown)

6. COLOR OR RACE

See Document File 5 -7328 9/5/51 32.5 51 7329 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) WELDON HARRY WATKINS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (When A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF MU HOSPITAL OR C. CITY OR TOWN INSTITUTION ST. JOSEPH'S HOSPITAL 13AL10. Yrs. D. STREET ADDRESS (If rural, give location) Man c. Length of stay in Baltimore

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

16. SOCIAL

(A)

DUE TO

(B)

SECURITY NO

108. KIND OF BUSINESS OR

Dans

OF BEATH	-19-51
e deceased lived. If	institution: residence before admission
side corporate limit	s, write RURAL and giv

1508

BRENTWOOD 8. DATE OF BIRTH AGE (In years | If Under | Year | Il Under 24 Hours last birthday) | Months: Days | Hours Min. 9. AGE (In years) II Under 24 Hours 8-15-86 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

VIRGINIA 14. MOTHER'S MAIDEN NAME

ADDRESS -1508 Grenlevood

					CA
	LAST.	C LL			undi
					1
eta	nto	ai a	1:0	74	ver

CAUSE OF DEATH

RCINO 4ATOSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C)

20. AUTOPSY

WHAT COUNTRY

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

11

6. COLOR OR RACE

LOLORED

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

10A. USUAL OCCUPATION (Givekindof)

ork done during most of working Me ored if retired)

UNEMPLOYED Laborer

199.1

MALE

(Yes, no or unknown)

JNKNOUN

18.

ERTIFICATION

O

EDICA

13. FATHER'S NAME

198. MAJOR FINDINGS OF OPERATION CARUNDUATOSIS

19A. DATE OF OPERATION

8-18-5

21A. ACCIDENT WAS UNDER

ABDOMINAL

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING

p. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED

WHILE AT

22. I hereby certify that I attended the deceased from 8-15 deceased alive on 8-17 1951, and that death occurred at

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

. 1951 to 8 - 19 , 1951, that I last saw the

m., from the eauses and on the date stated above.

(If in Baltimore City, give exact location)

MILLA DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

24c. NAME OF CEMETERY OF CREMATORY

24D. LOCATION (City, town, or county)

21F. HOW DID INJURY OCCUR?

23¢. DATE SIGNED

ADDRESS

REGISTRAR'S SIGNATURE

25. EMNERAL DIRECTOR

VS 150

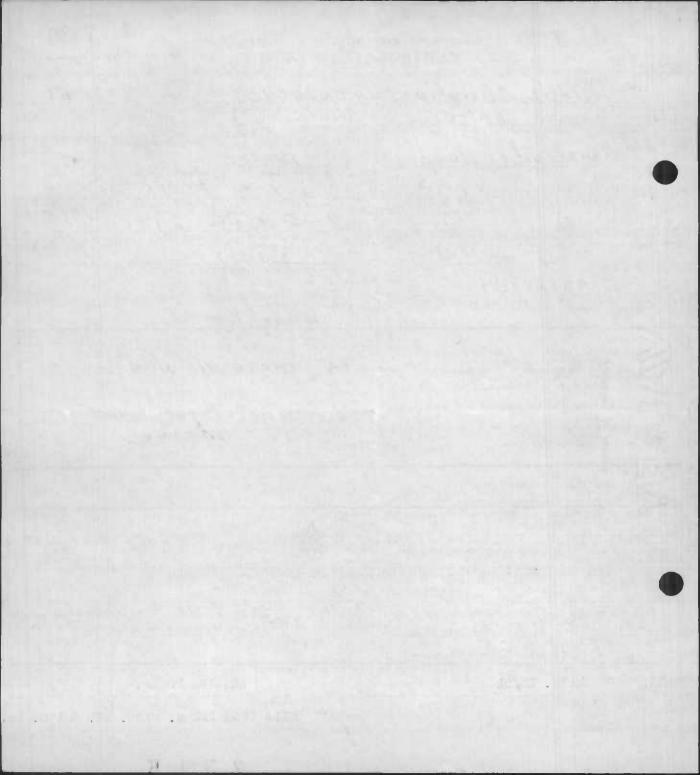
CAUSE OF DEATH

INJURY

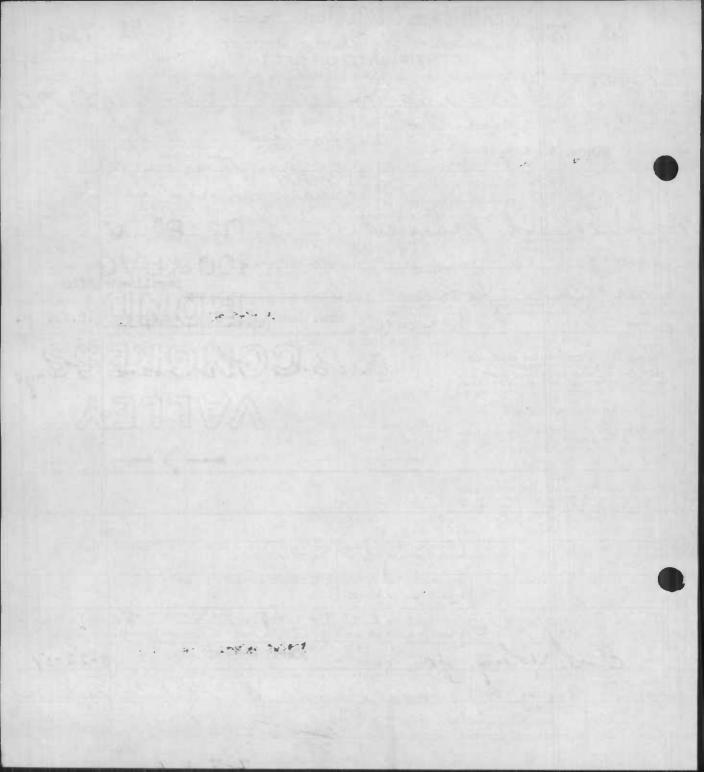
23A SIGNATURE

24A. BURIAL CREMA-TIOM REMOVAL (Specify)

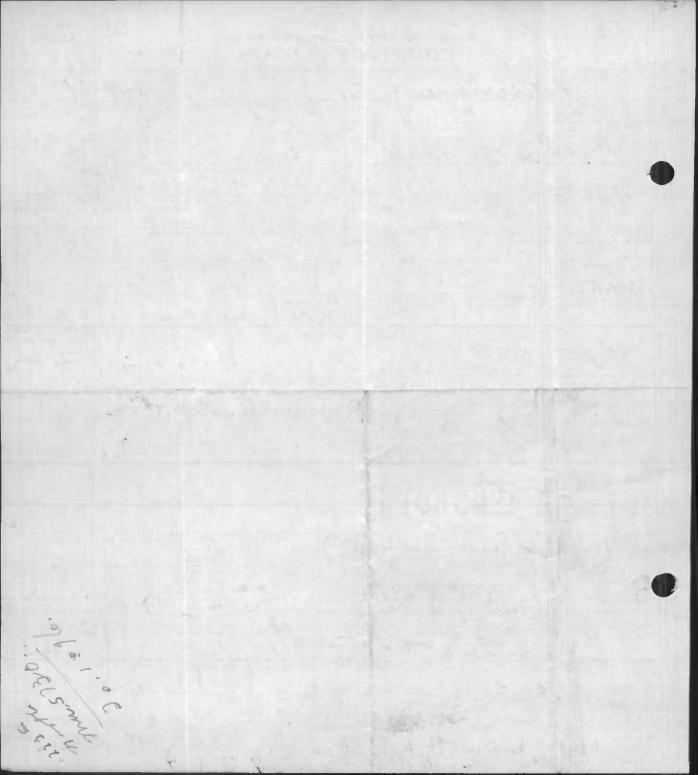
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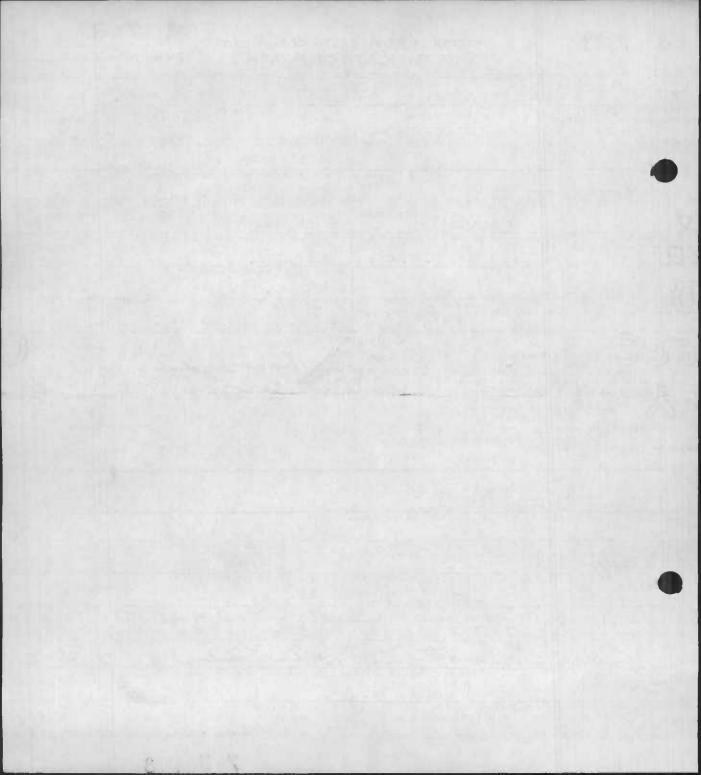
CERTIFICATE CORR	ECTED 8-31-51
51 7331 BALTIMORE CITY HI	EALTH DEPARTMENT 51. 7331
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF O
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. (0 1/2	4. USUAL RESIDENCE (Where deceased lived, if infitiation residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or	Md Kint
INSTITUTION TOHNS HOSPITAL TOGETHOR	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 19. AGE (In years) If linder 1 Year If linder 24 Maure
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR ork done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Laborer Ferming	Chestertow .
Marshall Jones	14. MOTHER'S MAIDEN NAME CarolineGriffin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Sadie Jones, Chestertown R.D.#3, Yd.
18. 33 X , CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DNSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	world themones & day
injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
II	
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT	RATION 20. AUTOPSY/
21a. ACCIDENT WAS UNDER 218. PLACE OF INJURY (6. 8., 12	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of DEATH	etc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	
m. WORK AT WORK	
deceased alive on 8 - 2 1, 19 5, and that death occur	rred at 1.55 m., from the causes and on the date stated above.
23A. SIGNATUSE LO M. D. 2	38. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED
244 BURIAL, CREMA- 248. DATE 242 NAME OF CEMETE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	Marin 11 William - Chalifa-
VS 150	\$2 p Maryland.
	1110 7 7 1010



h	00	
1	51. 7332 BALTIMORE CITY II	IFALTH DEPARTMENT 51 7332
В	RTH NO.	TE OF DEATH Registered No
-	NAME OF DECEASED	12. DATE
(3	ype or Print) Father Thomas - L	OF DEATH 8-19-51
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
_	FULL NAME OF (If not in hospital or institution, give street address of	- PUA
H	OSPITAL OR STITUTION A A A A A	
2	on rack to mercy Hosb.	Bolts 12-0 (township)
7	Yrs.	D. STREET ADDRESS (If rural/give location)
_	Mos.	2881 21 (/201/201)
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under I Year If Under 24 Hours
	WIDOWED, DIVORCED (Specify	
-	- weste	571
wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR	11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Vilst 0	ma, u.s.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(Total K Lee	Dravid doban
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Ye	(If yes, give war or dates of service) SECURITY NO.	mes Cashe are 1100 E 36 Mg
	18. 1/20 CAUSE	OF DEATH
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	LEADING TO DEATH	Derman than ho 2 has
	(This does not mean the mode of dying, e.g., (A)	200000
н	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	A La D - A HAD.
Z	(B)	Thoreleve It holey
OI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
A	UNDERLYING CONDITION LAST.	
FIC	(C)	
Ë	II	
Ľ	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
O	TO THE DISEASE OR CONDITION CAUSING IT	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
CAI		YES NO
EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	
Σ	21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?
п	INJURY WHILE AT NOT WHILE	
п	m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from	1950, to 19, 19, that I last saw the
	deceased alive on 3, 1957, and that death occi	erred at Som., from the causes and on the date stated above.
н	23A. SIGNATURE	23c. DATE SIGNED
	Mund - Starl M.D.	4-19-51
2/	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Z	mureal 8/23/51 Carlose	ale Dea Fresonice RR.
D.	THE REPORT OF THE PROPERTY OF	25. FUNERAL DIRECTOR / ADDRESS
L	AH GEZIZENS	8 9 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	THE MANAGEMENT (INC. BLACKS, M.S. II.	H Janey vans 1 2/8 mg
	VS 150 treated & B HR Po	they for Corners Kunnison
	Sol fruits in the Re	los 0098 gw ? : 3 93)



T. 350 51 7333 BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF JAMES E TATUM Aug. 21 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 2032 Hollins St. B. COUNTY A. STATE hefore admission) (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give location) C. CITY OR TOWN INSTITUTION Baltimana Yrs. o. STREET ADDRESS (If rural, give location) Mos. 2032 Hollins St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under I Year I Hader 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Married av 19, 1875 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF vork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? let'd Sunt. of Labor Balto. Id. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary M. Spetzler Doniel Tatum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mrs. Henry Pittorf 2210 Blisnore iv. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY arterioscherosis LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INTURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY NOT WHILE! AT WORK Sut 10, 1950 to leas 21, 1957, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 2 2019 J. and that death occurred at 4.24m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 1729 w Lowland 4 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 9/23/57 Reltimore. Burial Loudon ok. Cam. DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR The ALL WINT / Selling as, Me LOCAL REGISTRAR VS 150

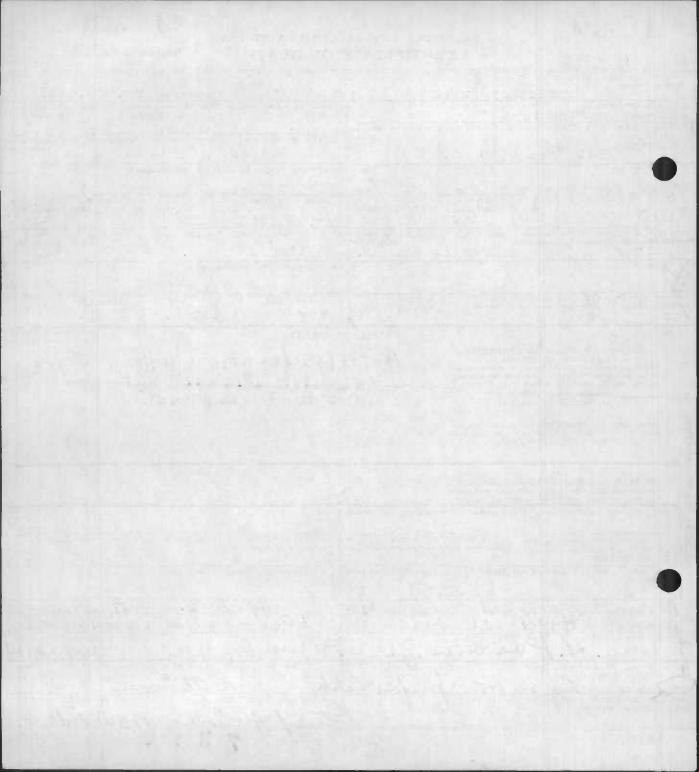


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7334

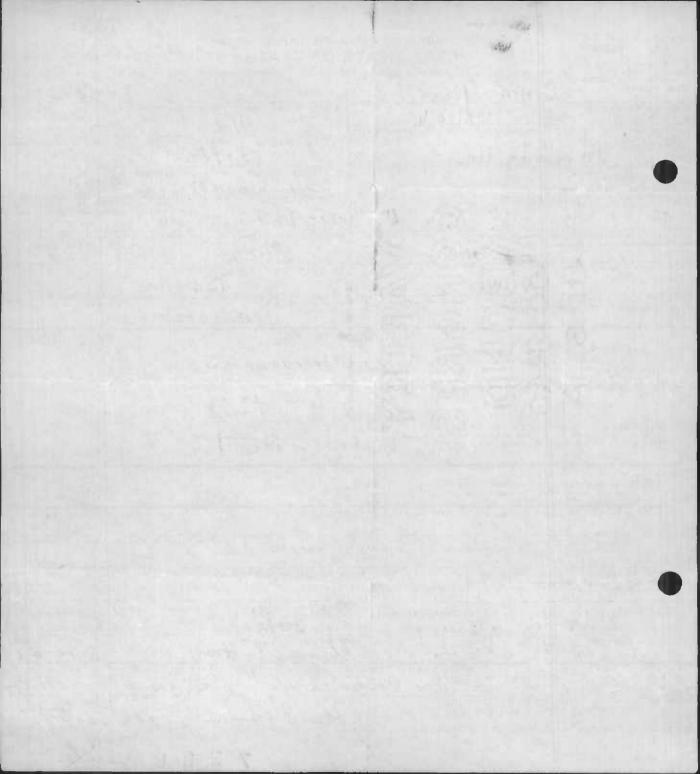
1 /	A CH	,
Registere	d No.	

В	IRTH NO. 15	-200		CERTIFICATI	OF DEATH	8	
1.	NAME OF C	ECEASED				2. DATE	
(1	ype or Frint)	Carrie I	lay Bu	sch		DEATH AUG	. 20,1951
A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN (I	f outside corporate lin	nits, write RURAL and give
9		1112 Fast 3	36th S	t.	Paltimo	re	township)
				Yrs.	D. STREET ADDRESS (II		
		tay in Baltimore	Life	Mos. Days	The state of the s	56th Stree	t 9-45
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify				ED, DIVORCED (Specify)	8. DATE OF BIRTH Aug. 1.1863	9. AGE (in years last birthday)	H Under 1 Year H Under 24 Hours Hours Min.
10	A. USUAL OC	CUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or I	foreign country)	12. CITIZEN OF
WOY	xaminer xaminer	of working life, even if retired)	Strou	se-Beer Co.	Baltimore		WHAT COUNTRY?
	FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	
		David	ion			Corter	
1.5	. WAS DECEAS	ED EVER IN U. S. ARMED		I 16. SOCIAL		552-160-2	
(Ye	e, no or unknown) NO	(If yes, give war or date	s of service)	SECURITY NO	Mary Hart, 1	112 E. 56t	ADDRESS h St.
	18. 49	21/		CAUSE	OF DEATH		INTERVAL BETWEEN
	/	SE OR CONDITION		1. 1		P. 1.	ONSE! AND DEATH
	(This does	LEADING TO DEAT	TH f dying, e.g	WHITE	rioscieroti	c (drd10-	ayrs.
	heart failt	re, asthenia, etc. It mca complication which c	ns the diseas	e,	scular Dis	tim sins	h
					-diac Decom		
-		ANTECEDENT CAUS	ES			ch one alon	× 1
6		S OR CONDITIONS, I			***************************************		
E	UNDERL	THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	E DUE TO			
Ü				(C)			
L.		11					
CERTIFICATION		SIGNIFICANT CONDI					
CE		G TO THE DEATH, BUT DISEASE OR CONDITION					
	19A. DATE	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
Y							YES NO
MEDICAL	LYING O CAUSE OF	R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., it arm, factory, etreet, office bldg., e	2 IC. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore City	, give exact location)
Σ	, TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJUR	Y OCCUR?	
	INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	10/ 1	140	H1
				deceased from MA		, 19:	M, that I last saw the
			19/		red at 6 m., from	the eauses and on	
	23A SIGNA	TURE X	10000		JOI Shridan	ano	23c. DATE SIGNED
-	An BURIAL	CREMA- 24B. DATE	-00000	M. D.		LOCATION (City, tow	
Ť	AA. BURIAL, ON, REMOVAL (S	pecify)		T / X	O /a	2-11	ii, or country (State)
1	Tural	Jug. 23	1951		ulk K	Sallinere	
	ATE RECEIVE	CDATE OF THE STATE	SSIGNATU	THE HALLES AND A PARK	25 NUNERAL DIRECTOR		ADDRESS
	VIII. 3	man 7	Warsh		Tred A.K	Jele 191:	3 W. Walts St.
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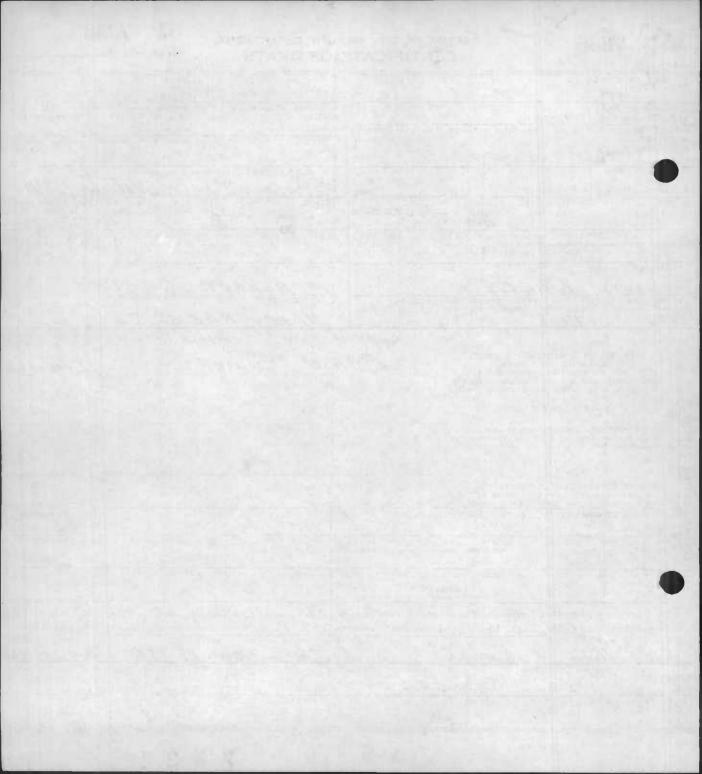


CERTIFICATION

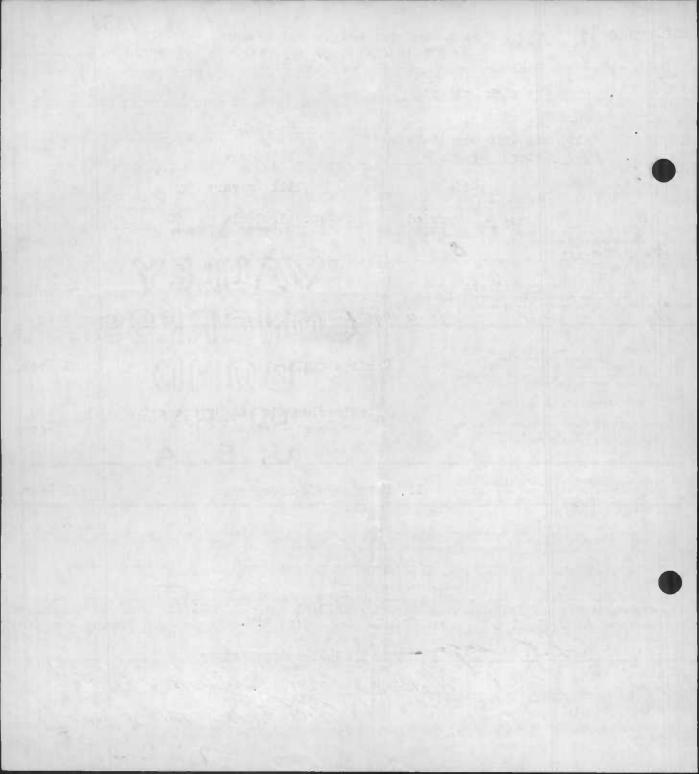
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7	54 12	1222		BAL	TIMORE CITY H	EALTH DEPARTMENT	. 51	733	6
9		V . 1	112			E OF DEATH		stered No_	
	TH NO. /	DECEASE	D		^		2, DATE	J	
	e or Print)		HAX	RY	B. KREBS	S, SR.	OF DEATH	8/20	51
	lace of E		aryland			4. USUAL RESIDENCE	Where deceases		itution : residence before admission)
	ULL NAME	OF (If not in hospit	al or instituti	ion, give street address o location			LTO	rite RURAL and give
	NOITUTION	Lu	THERA	N St	OSP.		BLLS		township)
c. I.	ength of s	stay in	Baltimore		Yrs. Mos. Days	me Dona S	Gel Na	udalls	town Md.
5. S	EX M	6.COL	OR OR RACE		E. MARRIED	Dec. Wit 89	9.AGE (In last birt		Days, Hours Min.
Ork de	USUAL OC oceduring most	of worklog	ON (Give kind of life, even if retired)		OF BUSINESS OR INDUSTR		foreign country	/12.	CITIZEN OF WHAT COUNTRY?
13. [FATHER'S				(19)	14. MOTHER'S MAIDEN	NAME		
	600	15	KREI	35		MARCARE	T 6	MBLE	
Yes, 1	WAS DECEAS 00 or onkoowo) 70		IN U. S. ARMER		16. SOCIAL SECURITY NO.	17. INFORMANT	BE BS	ADDE	RESS Bulby
	8. 19	2 X			CAUSE	OF DEATH	116 m		UNTERVAL BETWEEN
	1.6	SE OR	CONDITION	DIRECTLY	0				ONSET AND DEATH
	heart fail	s not me ure, asthe	ean the mode onia, etc. It mea	of dying, e. s ins the diseas	e,	BAIN TUM	2R		2 Mout 45
	mjury or		EDENT CAUS		.) 502 10				
2	DISEASE				(B)				
A	RISE TO	THE ABO	ONDITIONS, I VE CAUSE (A) ONDITION LA	STATING TH					
-					_(C)				
7	TRIBUTIN	G TO TH	CANT CONDI	NOT RELATE	-D				
, -		OF OPER	RATION 1			RATION			20. AUTOPSY?
Y _	8/2	0/5		DRAIN	1UMOR, 1	F. IEMP: LOBE			YES NO L
	21A. ACCID HOMICIDE	ENT. SU (Spec			CE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimo	re City, give	exnet location)
Σ	D. TIME		(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJUR	RY OCCUR?		
	INJURY	-		m.	WHILE AT NOT WHIL				
	22. I herel	by certi	fy that I att	ended the	deceased from Q	19 15 , 1951, to (2019 20	2 , 19 <i>5 /</i> , ti	hat I last saw the
	deeeased a	live on.			and that death occi	rred at 5 Pm., from		end on the o	late stated above.
	23A. SIGNA	TURE	. 01	Barne	XX	23B. ADDRESS	o Mn	1d 2	3c. DATE SIGNED
24A	. BURIAL.	CREMA-	24B. DATE	-	24c. NAME OF CEMET	ERY OR CREMATORY 246.	LOCATION	ity, tewn, or o	
TION	REMOVAL (2 (8-23-	-5/	Nordlaw	Comelly 15	aclo i	0 110	
	E RECEIVE		REGISTRAR'	SSIGNATU	RE ,/	25. FUNERAL DIRECTOR	11	AL AL	DDRESS
	1000			7		Ser DE TUE	all !	12 may 11	1-19
	Vs 156	1001			2004	1 20	17	7772	1012010
					2905	71 0 0 7	3 2	12/1	



HLD_151460 51 BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Fredrick Seibert DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR Baltimore Cit& Hospitals C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1111 Travers Way Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours Min. arried Feb. 11. 1881 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? vork done during most of working life, even if retired) INDUSTRY uc Kolan Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Seibert Mary Holland 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) | (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO B.C.H. Records 4940 Eastern Avenue INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardiac Failure 1 Week (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES Arteriosclerosis and Hypertensive ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING Heart Disease 6 Years RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-II. Pulmonary Tuberculosis 1 Year TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT 8/19/51 , 19 , to 8/21/51 22. I hereby certify that I attended the deceased from_ __, 19___, that I last saw the deceased alive on 8/21/51 19 and that death occurred at 3:05 Rayrom the causes and on the date stated above. 23a. SIGNATURE 238 ADDRESS 23C. DATE SIGNED 4940 Eastern Avenue Z4A. BURIAL CREMA-24B_DATE 24C NAME OF CEMETERY OR CREMATOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRARY VS 150



LOCAL REGISTRAR

ERTIFICATION

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- I La Ash de

REGISTRAR'S SIGNATURE

4300 ann

25. FUNERAL DIRECTOR

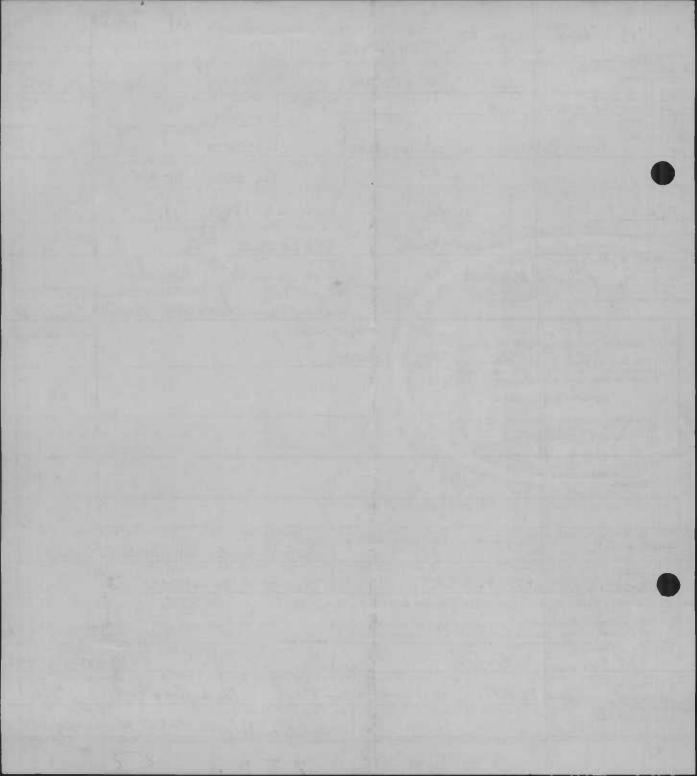
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BALTIMORE CITY HEALTH DEPARTMENT

101	DTH NO	R-255		CERTIFICATI	E OF DEATH	Registe	ered No	
==	NAME OF E					2. DATE		
(T	'ype or Print)	RU	TH	BUCHANAN		OF DEATH	August 19,	
	Baltimore (City, Maryland			4. USUAL RESIDENCE (WE A. STATE	nere deceased li B. COUN		residence re admission
B. H(FULL NAME OSPITAL OR ISTITUTION		al or institut	tion, give street address or location)	Maryland c. CITY OR TOWN (If o	utside corporat	te limits, write RUE	AL and giv
	13111011011	South Baltim	ore Ger	neral Hospital	Baltimore			township
				Yrs.	D. STREET ADDRESS (If re	ıral, give locati	ion)	
c.		stay in Baltimore	10 -	Mos. Days	114 McPha	il Stree	t	- 04
	Female	6.COLOR DR RACE White		E. MARRIED. VED, DIVORCED (Specify)		9. AGE (In ye. last birthda	Months: Days	If Under 24 Hours Hours, Min.
10	A. USUAL OC	CCUPATION (Givekinder		OF BUSINESS OR	11. BIRTHPLACE (State or for	ogn country)	12. CITIZE	N OF
		of working life, even if retired)	Schor	l. Child IDUSTRY	altoona t	a.	V. S	COUNTRY
13	FATHER'S	NAME			14. MOTHER'S MAIDEN NAI	ME IA T	A	
10	July	Jucha	nan		Margrelle	Park	s.	
(Ye	o, no or unknown)	ED EVER IN U.S. ARMEE (If yee, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Try Bucha	man .	ADDRESS	ail It
	18. /	129.4		CAUSE	OF DEATH		INTE	
	DISEA	SE OR CONDITION	DIRECTLY				DNSET	AND DEATH
	(This doe	LEADING TO DEA's not mean the mode of	f dying, e.	g., (A) Drown	ing	***************************************		
		ure, asthenia, etc. It mea complication which c						
		ANTECEDENT CAUS	ES					
7				(B)	***************************************	****************		
õ	RISE TO T	S OR CONDITIONS, IN	STATING TI	HE DUE TO				
AT	UNDERL	YING CONDITION LA	ST.	(C)				
CERTIFICATION		11						
ZT!		SIGNIEICANT CONDI						
当		SEASE DR CONDITION	CAUSING 1	Т.				dia aming the L
	19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION			UTOPSY?
EDICAL	21A FXTER	NAL CALISE WAS	218. PLA	ACE OE INJURY (e. g., is	or 21c. WHERE DID (If	in Baltimore	YES X	
ă.	UNDERLYIN	NAL CAUSE WAS G A OR CONTRIB- CAUSE OF DEATH.		farm, factory, street, office bldg., e	tc.) INJURY OCCUR?			116
ME		(Month) (Day) (Year)	(Hour)	Water	Cornell Beach,		under coun	Cy
	ug. 1			WHILE AT NOT WHILE				
						topsy		7 (
				remains described a	Autopsy, In	spection or Inc	quiry	and from
	the evi	idence obtained by	said Auto	ppsy, Inspection or I	nquiry, find that said dec	eased died	on the day star	ted abo
	23A. SIGNA		resulted j	- /	23B. CHIEE MEDICAL EX] 23c. DATE SI	
	11	Illiann 11	STITIK	М.	D. MEDICAL INVESTIGATOR	KAMINER	August 2	
24	A. BURIAL, (S)	CREMA- 248. DATE		PAC. NAME OF CEMETE		The second secon	town, or county)	(state)
	Jurial	aug 23.	1951.	Meadowndy	EC Park Nac	legter 64	lod.	mo
	TE RECEIVE	DAD	SIGNATU	IRE 4	25. FUNERAL DIRECTOR	4	ADDRESS	1
	AUGZ				Hendell. J. Hipps	K- 312.5	Highland	un
V	S 151				~;/			
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BALTIMORE CITY HEALTH DEPARTMENT

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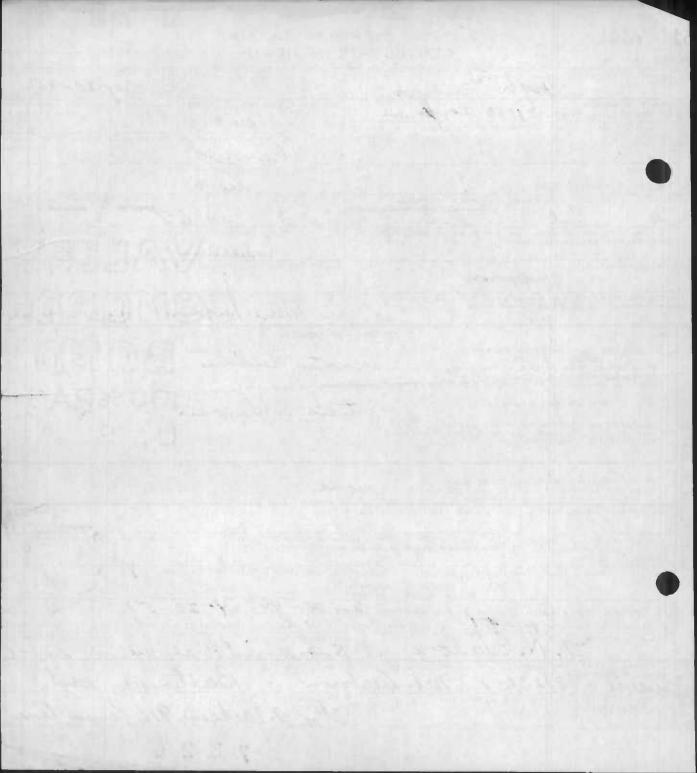
BIRTH NO. S S CERTIFICAT	E OF DEATH Registered No
1. NAME OF DECEASED LEE (Type or Print) Patricia.	2. DATE OF DEATH
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location)	
c. Length of stay in Baltimore 24 Days	D. STREET ADDRESS (If rural) give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I year If Under 24 Hous I have I ha
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, evan if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lynchburg, VA, WHAT COUNTRY?
13. FATHER'S NAME	ELIZABETH TURNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSDITAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	te legresater 6 whe
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRINJURY	INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
deceased alive on 9-4, 1951, and that death occur 23A. SIGNATURE M. D.	7-27, 1951, to 8-41, 1951, that I last saw the cred at 3553m., from the causes and on the date stated above. 38. ADDRESS 23C. DATE SIGNED
24A. BURIAL, CREMA- ION, REMOVAL (Specify) BUY AL DATE RECEIVED BY COAL RECISTRAR SIGNATURE	25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Jaso Entow Place
VS 150	7 3 2 5 74a

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

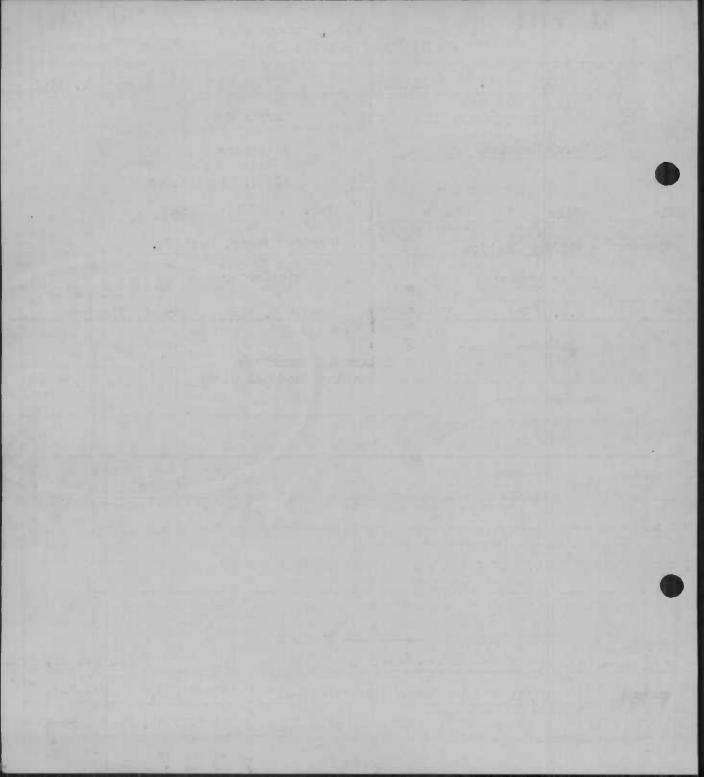
Registered No-1. NAME OF DECEASED 2. DATE aug 20 - 55 ressenger DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland 1/33 arque A. STATE B. COUNTY before admission) (If not in hospital or institution give street address or location C. CITY OR TOWN (If outside corporate limits, write RURAL and give Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE If Under 24 Hours 7. SINGLE, MARRIED 9. AGE (In years) If Under | Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. Julghe 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ous anna 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 23 av ny INTERVAL BETWEEN 18 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DHE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK to 8-20 - 3, 19 , that I last saw the 22. I hereby certify that I attended the deceased from Nov 30 deceased alive on lung 19 - 19 , and that death occurred at O.A., m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-OCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 240 REGISTRAR'S SIGNATURE DATE RECEIVED BY

VS 150



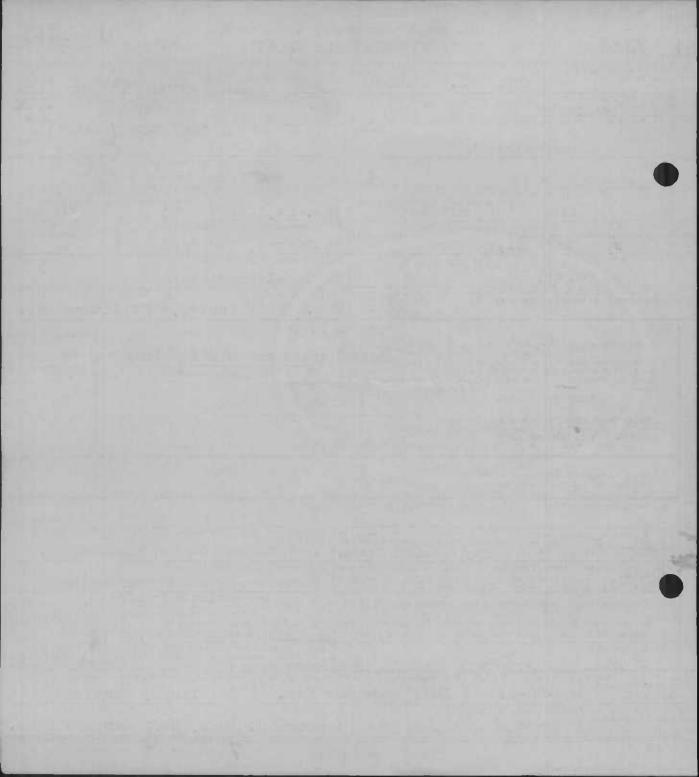
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1	RTH NO.	T tolling	BAI	CERTIFICATI	ALTH DEPARTME E OF DEATH	:NT Registere	d No.
1.	NAME OF DEC	GUY	M.	MAYHEW		2. DATE OF DEATH AUR	ust 21, 1951
	PLACE OF DEA Baltimore Cit				A. STATE	E (Where deceased lived B. COUNTY	f. If institution : residence
В.	FULL NAME O OSPITAL OR ISTITUTION		al or institut	tion, give street address or location)	Marylan		imits, write RURAL and a towns in
	51	Mercy Hosp	ital		Baltimo		
С		v in Baltimore		Yrs. Mos. Deys	228 N.	(If rural, give location High Street)
1	ale	White	WIDOV	E. MARRIED, VED, DIVORCED (Specify) Ingle	8. DATE OF BIRTH Feb. 6, 1912	last hirthiay)	Months Day Hour Min
work	during most of v	UPATION (Give kind of vorking life, even if retired) - F111ing S		OF BUSINESS DR	Mercer County	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER S NA		CELION		14. MOTHER'S MAIDE		
		Wesley Mayhe	ew		Ocie Corne	er	
15 (Ye	s, no or unknown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
3	yes	W.W. # 2		236-09-9203	Wesley B. Mar	vhew, Amonat,	Virginia
ERTIFICATION	heart failure injury or c A DISEASES RISE TO THE UNDERLY! OTHER SIG	not mean the mode on a complication which of the complication which of the complication which of the complication with the complication of the death, but ease or condition	ns the diseasaused death	NG (C) NO NO (C)	al hemorrhage ding duodenal u		
AL C	19a. DATE OF	OPERATION 15	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDIC/	UNDERLYING	CAUSE WAS OR CONTRIB-	21B. PL/ about home,	ACE OF INJURY (c. g., in farm, factory, street, office bldg., e	(A) AND STATE OF STAT	(If in Laltimore Cit	ty, give exact location;
Z	21D. TIME (M	onth) (Day) (Year)	` ′	21E. INJURY OCCURRING WHILE AT WORK AT WORK		JURY OCCUR?	
		ence obtained by th in my opinion		opsy, Inspection or I from: <u>natural causes</u>	bove, held an Auto naviry, find that sa A accident □. sui 23B. CHIEF MEDIC ASSISTANT MEDICAL INVEST	opsy, Inspection or Incuid deceased ded on cide II, hermeide CAL EXAMINER	thereon and for ity the day stated about undetermined 23c. DATE SIGN D
24	AA. BURIAL, CR ON, REMOVAL (Spe	EMA- PAB. DATE		24c. NAME OF CEMETE		4D. LOCATION (City, to	
110	removal removal	8/23/51		Maple Hill		Bluefield,	Virginia
	ATE RECEIVED DEAL REGISTRE	AR .	# 111	Laura K	Wm. Cook &c		ADDRESS Paul Street
V	S 151	2		62.16K		3 2 7	1178 ~



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131	RTH NO.						
1.	NAME OF D		RL L	• ONESTI		2. DATE OF DEATH AUS	gust 22, 1951
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W		If institution , relidence before admission)
H	FULL NAME	OF If not in hospit	al or institut	ion, give street address or location)	Maryland c. CITY OR TOWN (If	outside corporad lim	it, write he RAL and give
11	ISTITUTION	Marine H	ospital		Baltimore		(o township)
				Yrs. Mos.	D. STREET ADDRESS (If r		
C.	gth of s	tay in Baltimore	7 SINGLE	Days MARRIED.	4807Althe	9. AGE (In years)	If Buder 1 Year It Under 21 Hours
	Male	White	WIDOW	ED. DIVORCED (Specify)	Aug. 24,1929		fonth Days Hours Min.
1C wor	k done during most	CUPATION (Give kind of of working life, even if retired) OOD APSENA.	10B. KIND	OF BUSINESS OR INDUSTRY	Baltimore, Mar	,	12 CITIZEN OF WHAT COUNTRY
13	FATHER'S			HOM (M)	14. MOTHER'S MAIDEN NA		
		h Onesti			Marie Gianneri	ni	
15 (Ye	s, no or unknown)	O EVER IN U.S. ARMEI (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	Mrs. Narie One		Althea Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.					0% of body		
ER		TO THE DEATH, BUT ISEASE OR CONDITION					
	19A. DATE C	F OPERATION 1	9B, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. 21b. TIME (Month) (Day) (Year) (Hour) 21c. Where DID (If in Baltimore City, give exact local content of the day state and death in my opinion resulted from: natural causes [], accident [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], homicide [], undetermined and death in my opinion resulted from: natural causes [], accident [], homicide [], homicide [], undetermined [], accident [], homicide [], homicide [], undetermined [], accident [], homicide [],							give exact location) gewood, Md. exploded y thereon and from the day stated above,
24 TIC	A. BURIAL. CON, REMOVAL (S	REMA: 248 DATE		4c. NAME OF CEMETE	D. MEDICAL INVESTIGATORY 240. LC	XAMINER	usust 22, 1951 n, or county) (State)
	Burial	8-25-		Holy Redeen		timore, M	arylanl
LC	ATE RECEIVED	DAD /	4 37 1	RE Wineself, M.	25. FUNERAL DIRECTOR Leonard J. Ruc	k, 5305 H	arford Road.
=			10/				



51 7344 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: . USUAL RESIDENCE (Where deceased lived. It institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If putside corporate limits write RURAL and give C. CITY OR TOW INSTITUTION (township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 50 Days 5, SEX 6. COLOR DR RACE 7. SINGLE, MARRIED If Under 1 Year 9. AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify hast birthday) Months: Days Hours: Min. widowea IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? nome 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wal of dates of service) 16. SOCIAL NEORMANT ADORESS (Yes, no or unknown) SECURITY NO 50 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSE! AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g.,

ANTECEDENT CAUSES

FIC

EDICA

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

19A. DATE OF OPERATION

CAUSE OF DEATH

INJURY

214 ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

D. TIME (Month) (Day) (Year) (Hour)

heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

DUE TO

(B)

(C) -

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION

Taverlas. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

2 IE. INJURY OCCURRED

WHILE AT NOT WHILE! WORK AT WORK

22. I hereby certify that I attended the deceased from Che

deceased alive only 17 , 1951, and that death occurred at 12

23B. ADDRESS

2217 M. D. 24A. BURIAL, CREMA-TION_REMOVAL (Specify) 24C, NAME OF CEMETERY DR CREMATORY

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

21F. HOW DID INJURY OCCUR?

195 106

m., from the causes and on the date stated above.

24D. LQGATION (City, town, or county) ADDRESS

, 1951, that I last saw the

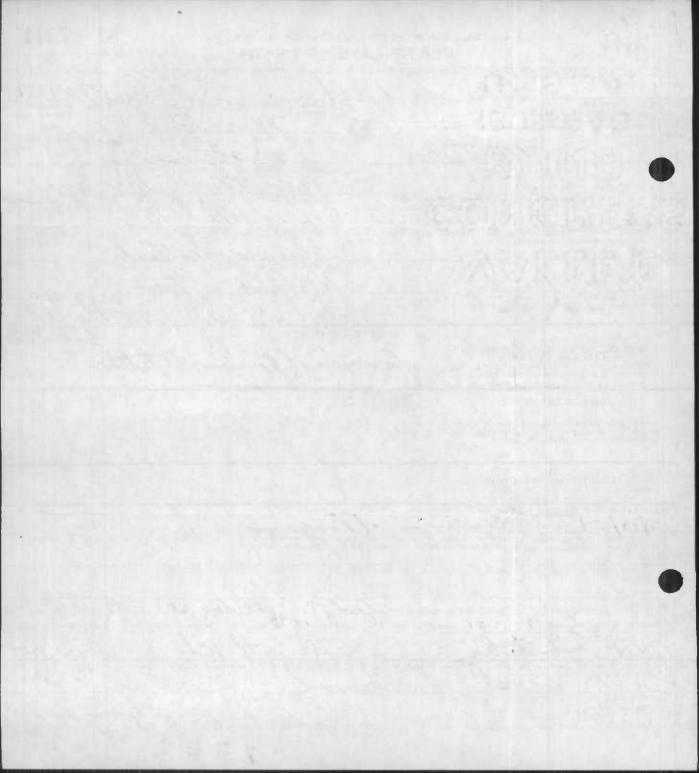
20. AUTOPSY

23c. DATE SIGNED

Clay 21, 175

YES

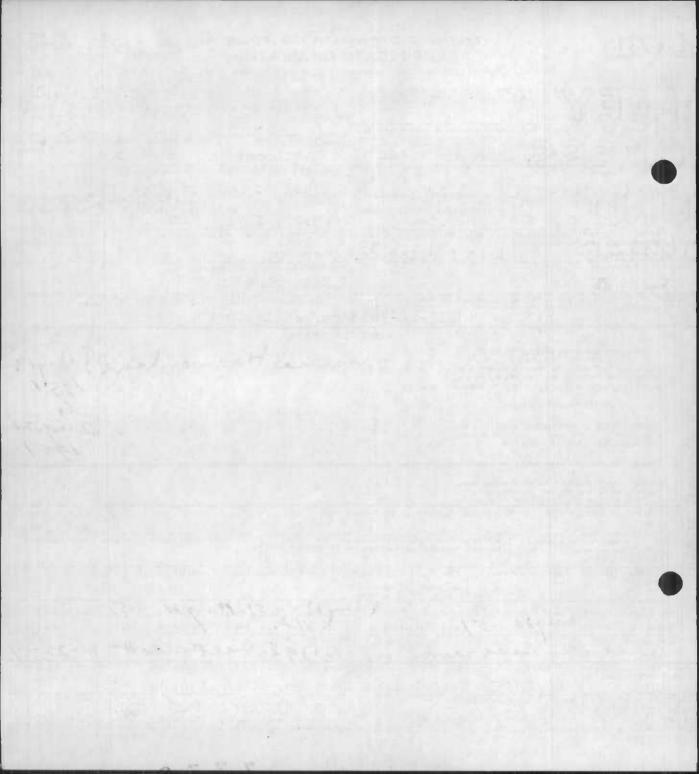
(If in Baltimore City, give exact location)



BALTIMORE CITY HEALTH DEPARTMENT

51 7345

51	7345	CERTIFICATE		Registered	01 7345 No.
BIRTH	NO.	CERTII TOATE	2 OF BEATTI		
1. NA (Type	ME OF DECEASED OF PRINT) PHILLIP	P. THEISS		OF Aug.	21, 1951
A. Bal	ACE OF DEATH: ltimore City, Maryland		4. USUAL RESIDENCE (W		
	L NAME OF (If not in hospital or i	institution, give street address or location)			2
INSTI	TUTION	mbard Street	Baltimore (If	outside corporate limi	township
		Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Ler	igth of stay in Baltimore	63 yrs Mos. Days	3421 E. Lom	bard Stree	t
5. SEX	6. COLOR OR RACE 7. S	SINGLE, MARRIED.	8. DATE OF BIRTH		m Under I Year A Under 24 Hours onths: Days Hours: Min.
M	W	VIDOWED, DIVORCED (Specify) Married	Jan. 22, 1871	80	onths: Days Hours: Min.
10A. U work done	SUAL OCCUPATION (Give kind of during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
50		eat Packing Co.	Germany		USA
	THER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	.diam Theiss		Katherine Ho	od	
15. WA (Yes, no c	S DECEASED EVER IN U. S. ARMED FOR or unknown) (If yes, give war or dates of ser	rvice) 16. SOCIAL SECURITY NO.	17. INFORMANT 3421 Mrs. Julie The:		Consider
18.	2211		OF DEATH		INTERVAL BETWEEN
TIFICATION	(This does not mean the mode of dyinheart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	(B)	erelial Hac		1951 La aug.,24 1951
CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT INTO THE DISEASE OR CONDITION CAUSTON	RELATED			
19/	A. DATE OF OPERATION 198. M	AAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
□ LY		1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., e		f in Baltimore City,	give exact location)
	P. TIME (Month) (Day) (Year) (Hou	r) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
	INJURY	m. WHILE AT NOT WHILE			
22	I hereby certify that I attende		hu 13 - 105/ to/8	u, 21 195	That I last saw th
	ceased alive on bug 20, 19	5 land that death occur	red at // P. m., from th		
	A. SIGNATURE		38 ADDRESS A		23c. DATE SIGNED
6	allen a: Bea	gham. M.O.	31398. Dae	Timore H	18-22-51
	BURIAL CREMA 24B. DATE SEMOVAL (Specify)	24c. NAME OF CEMETER Oak Lawn (CATION (City, town	
DATE	RECEIVED BY REGISTRAR'S SIG		25 FUNERAL DIRECTOR		ADDRESS
LOCAL	L REGISTRAR	Villianus M.M.	HENRY SANDER &	SONS, IND	· Manden



5 SEX

no

18.

CERTIFICATION

EDICAL

51 7346 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE DEA Aug. 20, 195] EDWIN A ANDREWS. SR. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUBAL and give INSTITUTION township) 1918 N. Patterson Park Avenu Baltimore Yrs. o. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 1918 N. Patterson Pk. Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | | Under | Year | || Under 24 Hours last birthday) | Months: Days | Hours Min. 8. DATE OF BIRTH II Under 24 Hours WIDOWED, DIVORCED (Specify) Married Aug. 24, 1894 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY USA COUNTRY Machinist helper Penna. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry F. Andrews Ida Lambright 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT 1918 N. Pattersonresk. SECURITY NO. 07-7095 TMrs. Margaret Andrews CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19ANDATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY me as 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 214. ACCIDENT WAS UNDER LYING OR CONTRIBUTING (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT and that death occurred at 100 m., from the causes and on the date stated above. , 19_, that I last saw the 19 23B. ADDRESS 234. DATE SIGNED

INJURY

22. I hereby certify that I attended the deceased from. deceased alive on X 23A SIGNATURE

24B. DATE

REGISTRARIS SIGNATURE water ofor Williams, His

24C. NAME OF CEMETERY OR CREMATORY Baltimore

Cemetery Baltimore.

INC ADDRESS

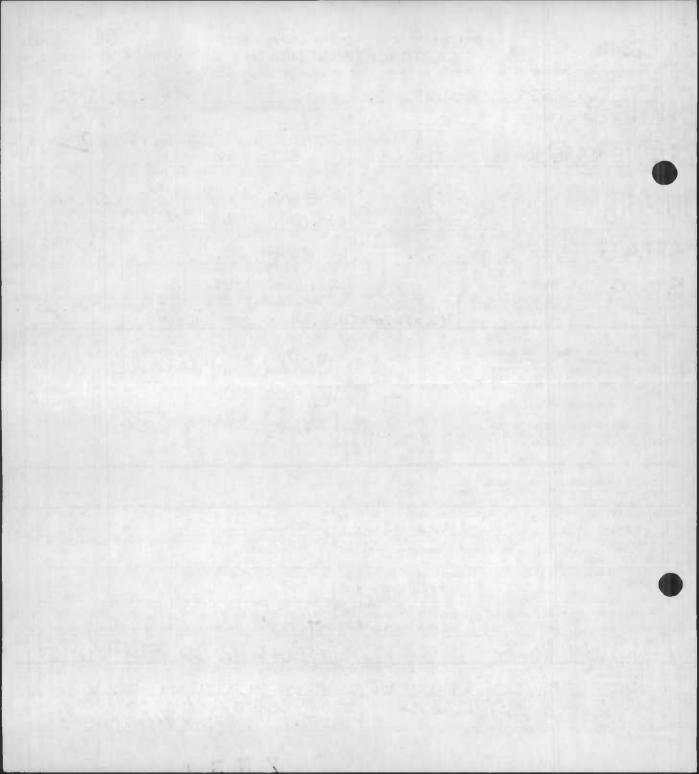
VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

burial

DATE RECEIVED BY

LOCAL REGISTRAR



VS 150

BALTIMORE CITY HEALTH DEPARTMENT

A.	1041			CERTIFICAT	E OF DEAT	H Registered N	134/
	NAME OF D	FCFASED					
1	Type or Print) BRAHA PLACE OF D	MITC	NELL	X LEV		2. DATE OF DEATH 8/2	
		City, Maryland			A. STATE	ENCE (Where deceased lived, If i	nstitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION		al or institut	ion, give street address or location)	c. CITY OR TOWN		wr)te RURA, and give
	La de la companya della companya della companya de la companya della companya del	SINAI	H	0 8 6		TIMORE /	(downship)
-		tay in Baltimore	LIFE	Yrs. Mos. Days		348 GIST A	E
5	SEX	6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year If Under 24 Hours this Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KINE	OF BUSINESS OR			12, CITIZEN OF
701		Driver	T	NDUSTRY	B	Manyland	WHAT COUNTRY
13	B. FATHER'S	IAME			14. MOTHER'S MA	IDEN NAME	- 213
	U a	019			LENG		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT	ΔΓ	DRESS
(10	No or unitiows)	(If yes, give wer or dete	s of service)	213-10-9906			T AVE
ERTIFICATION	(This does heart failure injury or injury or DISEASES RISE TO TUNDERLY	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) (A) (B) (B) (C)					
CER	TRIBUTING	IGNIFICANT CONDITO THE OFATH, BUT SEASE OR CONDITION	NOT RELATE	0			
SAL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER. CONTRIBUTING DEATH	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE D		ve exact location)
4	210. TIME (210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
	22. I hereby	y certify that I att	ended the	deccased from	8/20/54195	1, to 8/22 , 1951	that I last saw the
	deceased al	ive on 8/22			red at 6 A m.	from the causes and on the	
	23a. SIGNAT	URE Olober	Sano	(b) M.O. 2	3B. ADDRESS	Nosp	8/22/51
	BURIAL CON REMOVAL (S	pecify)	3, 1951	Posedul		Balls (City, town, o	Or county) (State)
D.	ATE RECEIVED	BY REGISTRAR	S SIGNATU		25. FUNERAL DIR	ECTOR - 2100 E.J	ADDRESS Place

9 \$ \$ \$ 2 \$ 4 0 7 3 3

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VS 150

BALTIMORE CITY HEALTH DEPARTMENT

51 7348

.)	1. 10	40	DAL (CERTIFICAT	E OF DEATH	Registered N	0
-	IRTH NO.	DECEACED				L o Dame	
(1	NAME OF Type or Print)	1 ,	NYde	P		2. DATE OF DEATH AUG.	22, 1951
	Baltimore	City, Maryland			4. USUAL RESIDENCE ()		
H	FULL NAME OSPITAL OR ISTITUTION			on, give street address or location)		f outside corpora e limits,	
A		23V W.	Mour	ne St	Balso		township
			47	Yrs.	1 2 2 2 1 72	rural, give location)	C.
-	Length of	stay in Baltimore	T/	MARRIED.	1237 7.	Monrae	J7-
7	Fomale	White	WIDOWI	ED, DIVORCED (Specify)	8. DATE OF BIRTH		the Days Hours Min.
		CCUPATION (Give kind of tof working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S		1		14. MOTHER'S MAIDEN N	AME	0.0.7
		Work Rnow	n		Wood Know	www	
15 (Ye	5. WAS DECEA	SED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	18.			CALICE	Mrs. C. Creek	- 5719 na	INTERVAL BETWEEN
	1	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH	Cere	has Hemonka	ae	
	heart fni	lure, asthenia, etc. It mer r complication which	ins the disease				J 9 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		ANTECEDENT CAU					
Z				(B) Sky	uteusin	******* ******** **********************	
TIO	RISE TO	ES OR CONDITIONS, I	STATING THE	DUE TO	workersi		
CA	UNDER	YING CONDITION L	AST.	(c) aut	curcleron	••••••	*****
旦		11					THE RESIDENCE OF THE PARTY OF T
CERT		SIGNIFICANT COND					
C	TO THE	DISEASE OR CONDITION	CAUSING IT				
CAL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		YES NO
EDIC	21A. ACCI LYING C CAUSE OF	DENT WAS UNDERDOR CONTRIBUTING TO DEATH	218. PLA about home, fa	CE OF INJURY (e. g., i rm,factory,street,office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
Σ	TIME	(Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	NJURY			HILE AT NOT WHILE			
14	22. I here	by certify that I at			June , 1940, to	eng 22 , 1951,	that I last saw the
H					rred at 3. 45 Pm., from t		
ļ,	23A. SIGN	0 0 0	lewar	4	238. ADDRESS Ectar	Plan	23c. DATE SIGNED
2.	4A. BURIAL.	CREMA- 244 DATE		c. NAME OF CEMETE		OCATION (City, town, o	0 7 -
TI	Bure	(Specify) Rue 1.	3.1951	Herrens	Run	Bulton	Hot.
	ATE RECEIV		'S SIGNATUI	RE	25. FUNERAL DIRECTOR	0	ADDRESS
	AUG 23	1951	ton Will	aus he	out Jeurs su	- 2100 6cm	law M

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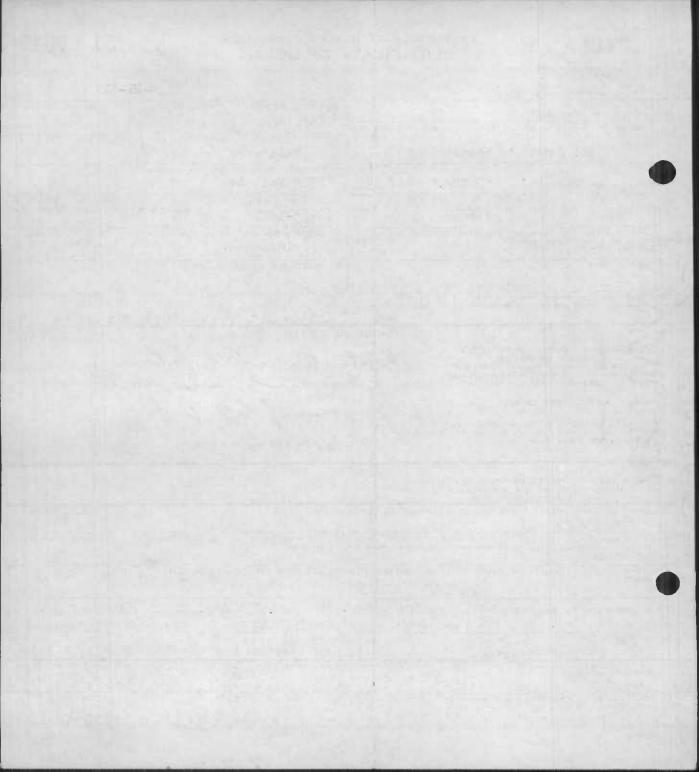
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6	20
51	7349
IRTH	NO.
	E OF DECEASE

PALTIMORE CITY HEALTH DEPARTMENT

B	51 7349 RTH NO.		BAL	CERTIFICAT	E OF DEATH	Registered N	22 7349
1.	NAME OF DECEASED	CKI, Wal	ter			2. DATE OF 8-21-5	1
Α.	PLACE OF DEATH: Baltimore City, Ma: FULL NAME OF (If		1 1 41441		4. USUAL RESIDENCE A STATE Laryland		
H	OSPITAL OR	Joseph 1		on, give street address of location		If outside corporate limits	s witt BERAL and gi- township
c.	Length of stay in Ba	altimore	50 Yr	Yrs. Mos. Days	D. STREET ADDRESS (2525 Fait Ave		
		R OR RACE	7. SINGLE WIDOW WIDOW	, MARRIED, ED, DIVORCED (Specify	8. DATE OF BIRTH 12-25-1681	9. AGE (In years last birthday) Mo	Under 1 Year nths Days Hours Mir
	A. USUAL OCCUPATION Adone during most of working life DRUCKET-TET		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Poland	foreign country)	12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME	Prof			14. MOTHER'S MAIDEN	NAME	0,0,7
15 (Ye	s, no or unknown) (If yes, g	U, S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	a ustocki :	DDRESS DS2570110
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Artitle Mey Cardial for Cardial Particular Conditions and Death for Cardial Particular Cardial						ONSET AND DEAT
CERT	OTHER SIGNIFICATE TRIBUTING TO THE DISEASE OF	DEATH, BUT N	OT RELATE	D			
EDICAL	19A. DATE OF OPERA	7 19		FINDINGS OF OPE			YES NO
MEDI	21A. ACCIDENT WAS LYING OR CONTRI CAUSE OF DEATH		218. PLA about home, fe	CE OF INJURY (e. g., irm,factory,street,office bldg.,	etc.) 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	rive exact location)
	INJURY (Month) (Day) (Year) (HILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
	22. I hereby certify deceased alive on 23A. SIGNATURE	g. 20		and that death occu	rred at 1:30 MM from 238. Appress		that I last saw the date stated above
TO LO	AA. BURIAL, CREMA- ON, REMOVAL (Specify) ATE RECEIVED BY R	48. DATE	SIGNATU	4c. NAME OF CEMETE	RY OR CREMATORY 240.		ADDRESS

5 FT20 6 0 7 3 2 VS 150 937



30	0
51	7350
BIRTH NO	
1. NAME (Type or Pr	of DECEAS

3. PLACE OF DEATH

B. FULL NAME OF

HOSPITAL OR

INSTITUTION

5. SEX

Male

A. Baltimore City, Maryland

c. Length of stay in Baltimore

IOA. USUAL OCCUPATION (Givekind of)

rork done during most of working life, even if retired)

19A. DATE OF OPERATION

CAUSE OF DEATH

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

e gi I

13. FATHER'S NAME

(Yes, no or unknown)

18.

ERTIFICATI

DICAL

6. COLOR OR RACE

unknown

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Registered No. 2. DATE DEATH 6. CC, L, OT. Lease armest 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If not in hospital or institution, give street address or Arr land location) C. CITY OR TOWN (If outside corporate limits, white RURAL and give township St. Joseph's Respital Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1) N. Mont cra Av . Days 7. SINGLE, MARRIED 9. AGE (In years 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 0-4-04 Married 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? Ral timore Unemployed 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Jessie Reidt-719 N. Montford Ave. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY omatosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO bronchogenic DUF TO (C) TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOBSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

LEADING TO DEATH

ANTECEDENT CAUSES

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT[

21F. HOW DID INJURY OCCUR?

25 UNERAL DIRECTOR

WORK 22. I hereby certify that I attended the deceased from A., 2, 19, to ..., 19, that I last saw the deceased alive on 19 and that death occurred at 1 mil from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS 23c. DATE SIGNED 1400 N. Caroline Street 24c. NAME of CEMETERY OR CREMATORY, 24D LOCATION (City, town, or county)

BURIAL CREMA-DATE RECEIVED BY

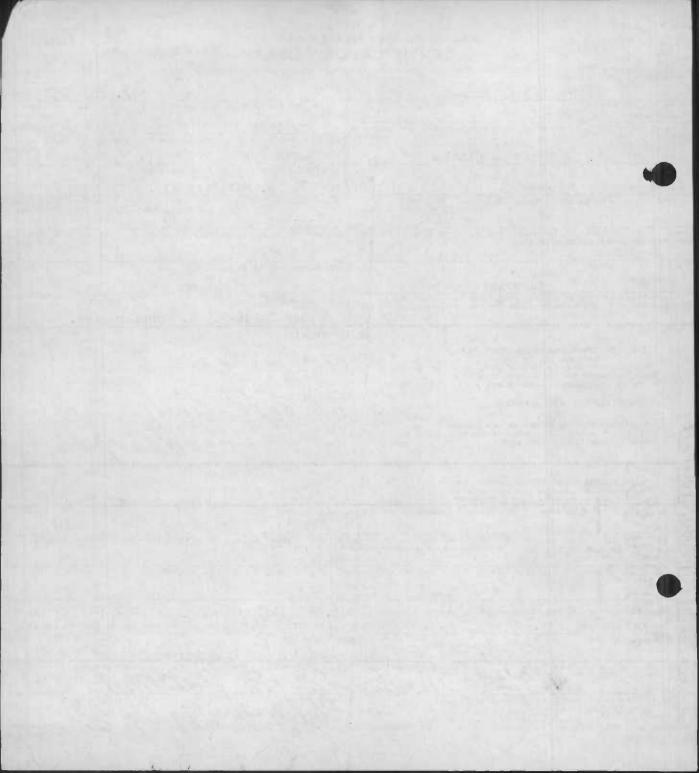
REGISTRAR'S SIGNATURE LOCAL REGISTRAR

248 DATE

execution ofor Will shed, Mis

M. D.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF THOMAS H. SLOANE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 3612 Sixth Street B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 36I2 Sixth Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. M 8/28/1876 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? U.S. Navy Yard Machinist Boston, Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Katherine Hamilton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Yes Sp. Am. Family-Same INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE T de 22. I hereby gartify that Lattended the deceased for . 19 __ that I last saw the deceased ality on 20 1957 and that death occurred at Im. from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-\$\forall 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 248. DATE Arlington National Washington. D.C. DA LOCAL REGISTRAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

ERTIFICATION

U

EDICAL

VS 150

- I30 E. Fort

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SREEN, SAMUEL DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If inscitution; residence A. Baltimore City, Maryland A STATE before admis icn) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location to RURA f. and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7 SINGLE . MARRIED If Under 1 Year If Under 24 Hours la ! birthday | Month | Days Hours . Min. sw 10A. USUAL ACCUPATION Givekind of BUSINESS OR tate or foreign country; 10B. KIND OF INDUSTRY even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH 70.0 DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST.

11

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

o. Time (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE

WORK AT WORK 22. I hereby certify that I attended the deceased from-8/21 1951 and that death occurred at 3 deceased alive on

23A SIGNATUR Holma ILL M. D.

24C. NAME OF CEMETERY OR CREMATORY

24A. BURIAL, CREMA- 24B. DATE

Pm., from the causes and on the date stated above. 23B. ADDRESS

(If in Baltimore City, give exact location)

23c. DATE/SIGNED

, 1951, that I last saw the

20. AUTOPSY

DATE RECEIVED BY LOCAL REGISTRAR

TION_REMOVAL (S

EDICA

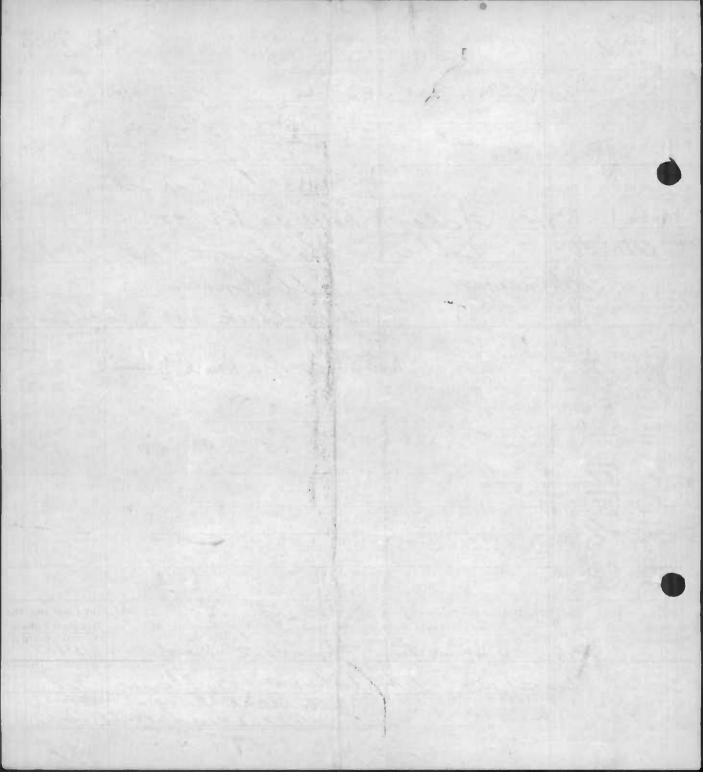
STRAR'S SIGNATURE interestor Will und Me

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

45195/, to



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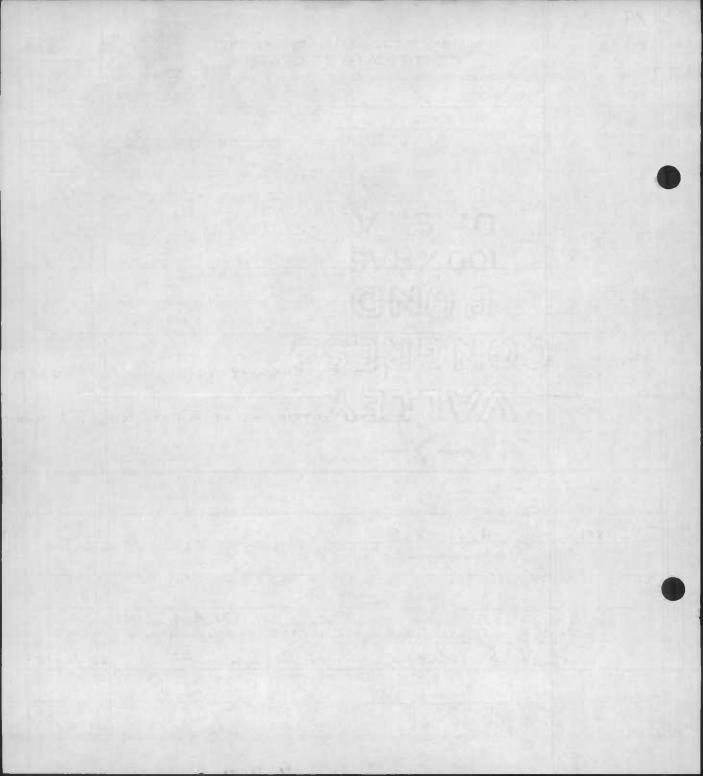
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

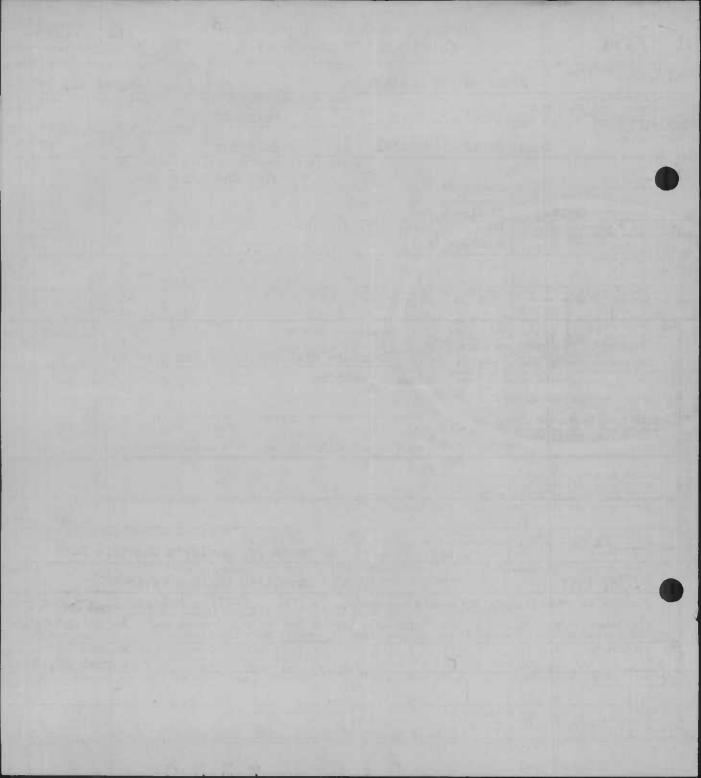
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52a

BIRTH NO			CERTIFICATI	E OF DEAT	H Regi	stered No	- ()13()
1. NAME OF D (Type or Print)		DAVIDS			2. DATE OF DEATH	Avg. 21	, 1951
	City, Maryland 3;	3rd & 7	harles St.	A. STATE	ENCE (Where deceases		ntion: residence b)fore admission)
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	c. CITY OR TOWN		rate banits, write	e RURAL and give township)
			Yrs.	D. STREET ADDRE	SS (If rural, give loo	cation)	
c. Length of s	tay in Baltimore		Mos. Days	33rd & Che	rles St. Ble	ckstone	Ants.
5. SEX	6. COLOR OR RACE	WIDOW	MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birt)	years If Under I hday) Months: I	Year M Under 24 Hours Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of		of BUSINESS OR	Sent. 7. 16	State or foreign country	i :	ITIZEN OF
ork dona during most	of working life, evan if retired)	1.17	At Home	Pournellout	h. In land	, V	VHAT COUNTRY?
13. FATHER'S	NAME		At 10.	14. MOTHER'S MA		1 00	
	am e "" itipe			7100	nor ?		
15. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	•	ADDRE	ec
(Yes, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mr. Robert	Davids Al	DOTE	55
DISEASE: RISE TO T UNDERLY U OTHER S TRIBUTING	complication which c ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) VING CONDITION LA GIGNIFICANT CONDITION TO THE DEATH, BUT	F ANY, GIVIN STATING TH ST. TIONS CON	(B)	s Carcinon	na of Kidn	ey Pelvis	? 1 year
	SEASE OR CONDITION OF OPERATION 1		FINDINGS OF OPER	ATION			20. AUTOPSY?
1	1951	A	in 18-B	7.110.1			YES NO X
LYING OF	ENT WAS UNDER R CONTRIBUTING DEATH (Month) (Day) (Year)	21B. PLA about homa, f	CE OF INJURY (a. g., in arm, factory, atreet, office bldg., c	tc.) INJURY OCCU	ID (If in Baltimo R? INJURY OCCUR?	re City, give ex	act location)
22. I hereb	y certify that I att	ended the		Mar 195	1, to 21 Aug	. 195/ tha	t I last saw the
			and that death occur	red at 9:00 pm.	from the causes a	nd on the da	te stated above.
23A. SIGNA		5.		3B. ADDRESS . C.	hau St.	230	DATE SIGNED
24A. BURIAL.		,	24c. NAME OF CEMETE			ity, town, or cou	inty) / (State)
DATE RECEIVE		SSIGNATI	Greenmount Ci	25, FUNERAL DIR	Baltimore.	ADD.	RESS
LOCAL REGIST		Jan 191	Misses M	Mm. J. Tickn	en 14 Sona Jues	Ballo.	ald

17518000





Received radiu and X ray for Cancer of cervix in 1948

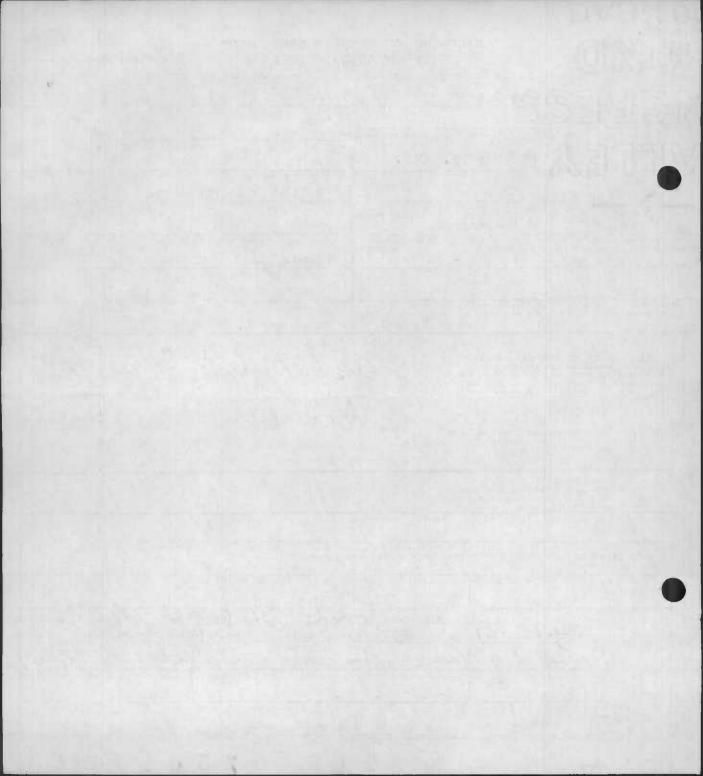
by Dr. 1. Lundley, Jr. No and o ical vidence of its spread.

Apprently cared by the we measures.

See Document ile 51-7355 / 4/52 ES

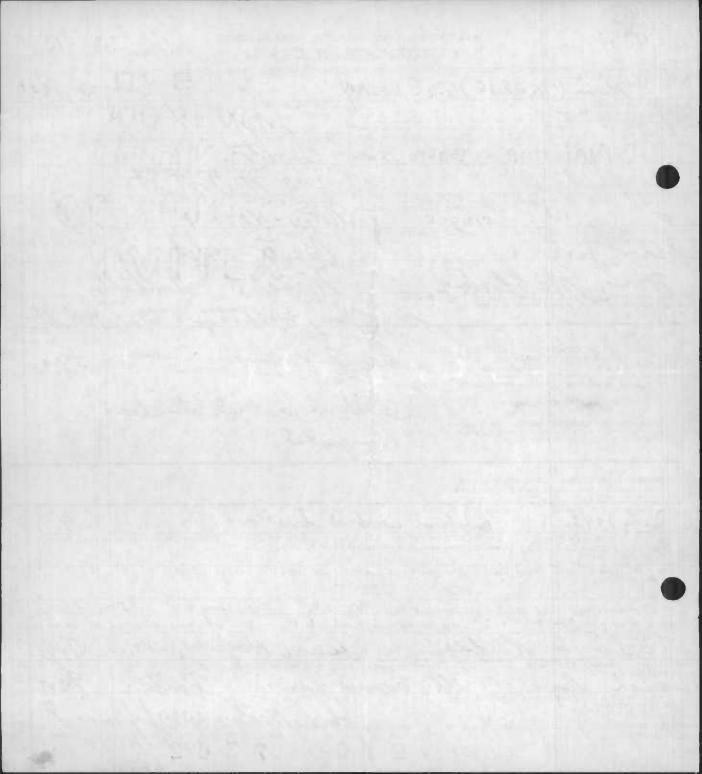
BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF ומדמתים אחתה במניהנו Aug 21 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RVRAL and give c. CITY OR TOWN INSTITUTION township) 4811 Fark Hgts. Ave. Beltimora Yrs. D. STREET ADDRESS (If rural, give location) Mos. 4811 Par's Heights Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. Dec Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Belto. d. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Whle Mery Lanchart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Tr. George S. Offrien 1977 Parl- Inta . 100. Tone 18. CAUSE OF DEATH 260 X ONSET AND DEATH Diabetres DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT HOT WHILE! , 1951, to aug. 21. 22. I hereby certify that I attended the deceased from Jour. 2. 195 . that I last saw the deceased alive on aug. 19. __ 1957 _ and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 28c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 8/24/5 Baltim we. 'd. Parin Loudon Dk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Lie for Holl auch, Al VS 150

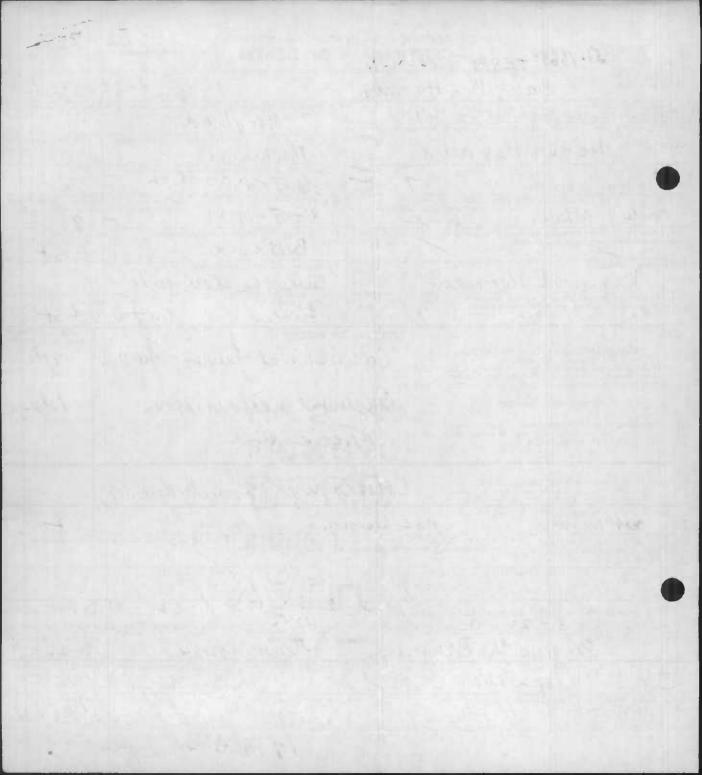


BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 1 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE MARIE (Type or Print) no CLOS/CEY OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, Iffirstitution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR INSTITUTION township) Yra. D. STREET ADDRESS (If rural, give location Mos. gth of stay in Baltimore Days 6. COLOR DR RACE 5. SEX 7. SINGLE, MARRIED If Under 1 Year last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) SINGLE 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dope during most of working life, even if retired) INDUSTRY WHAT COUNTRY? hool airl 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 6. SOCIAL (Yes, no or unknown) SECURITY NO 18. NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Belateral wreteral strictures ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ERT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19 DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES L 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) AYA. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from lug. 1951 to ang 22 195 that I last saw the deceased alive on Oug 21 , 1951 and that death occurred at 6 m., from the causes and on the date stated above. 23 SIGNATURE M. D. 24A. BURIAL, CREMA-24c. NAME OF CEMETERY 24B, DATE OR CREMATORY 240. LOCATION (City, town, or county) TION REMOVAL (Specify) ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE **EUNERAL** DIRECTOR LOCAL REGISTRAR The the story Hill and M. 2334 VS 150



BALTIMORE CITY HEALTH DEPARTMENT 5851.18699 TERRY CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) Boy Harman OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE, (Where deceased lived, If institution: residence B. COUNTY A. Baltimore City, Maryland 10.8 B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION YTS. (If rural, give location) Mos. high of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years) If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. anile. A will 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 140 14/2 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) H RTI losto my (Nomen's Kortital) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION JAN VULLINIA Mar- Kinger CA 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! WHILE AT and that death occurred at 1213 ham 22. I hereby eertify that I attended the deceased from. deceased alive on 3 - 22 19 17 m., from the causes and on the date stated above 24A) BURIAL CREMA-24C. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY | 25. FUNERAL DIRECTOR ADDRESS En aton / Yells VS 150



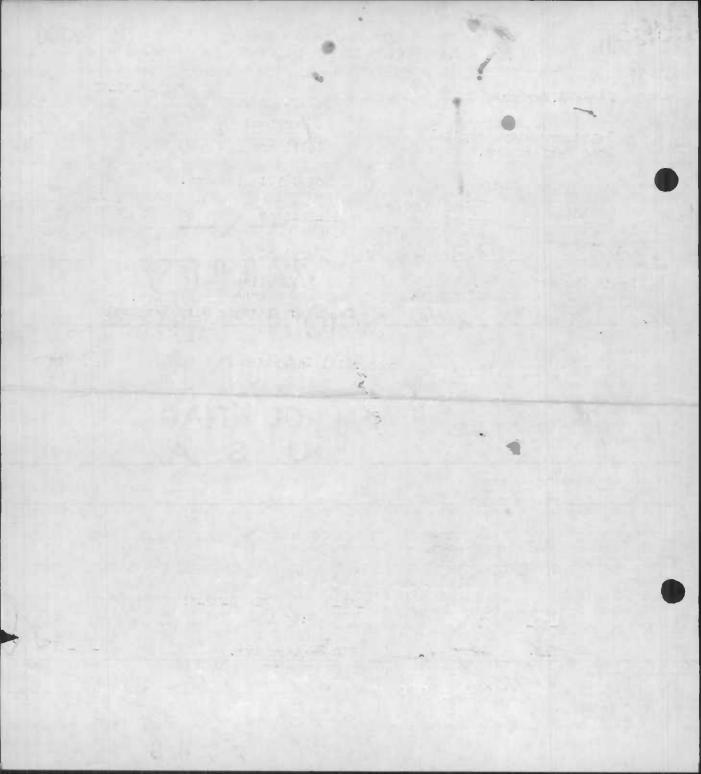
51 7359 BALTIMORE CITY HEALTH DEPART	TMENT 51 77950
BIRTH NO. 1-656 CERTIFICATE OF DEAT	2.4
1. NAME OF DECEASED Sister Anthony Horner	2. DATE OF 8-22-57
a. Baltimore City, Maryland 6420 I Cisterstown Road A. STATE Mary B. FULL NAME OF (If not in hospital or institution, give street address or	DENCE (Where deceased lived. If institution: residence before admission) 1 4 4 Batti more
HOSPITAL OR INSTITUTION TI C. CITY OR TOW	
Yrs. D. STREET ADDR	stenstown Road 28-31
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRT	
10A. USUAL OCCUPATION Give kind of 10B. KIND OF BUSINESS OR INDUSTRY OF MISSON WISSON WIND WISSON WIND WISSON WIN WISSON WISSON WISSON WISSON WISSON WISSON WISSON WISSON WISSON	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S M	ugustin Eichorn
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. The Seto	n Institute ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	clerosis. Interval Between onset and Death more than ten years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	elphy fullogous
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE about home, farm, factory, street, office bldg., etc.)	
D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DI WHILE AT WORK AT WORK	D INJURY OCCUR?
	23c. DATE SIGNED
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATOR. Burial Sug-24-115, Slow metry	4 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DI	Movem Co., 138 W. Morte, Un-
vs 150	7 3 Acts #1. 97

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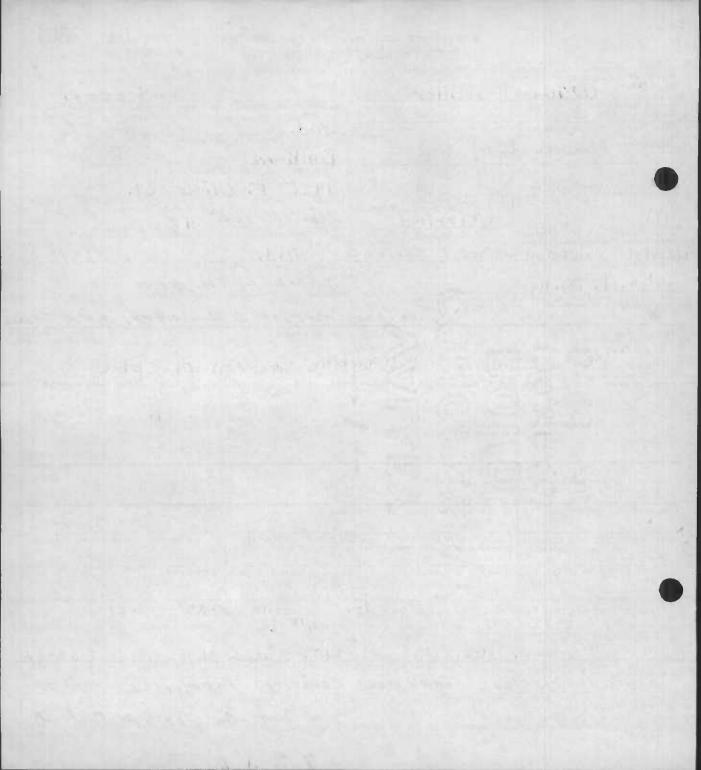
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Ex.	BALTI	MORE CITY HEAL	TH DEPART		01 7360
BI	RTH NO.	ERTIFICATE	OF DEATH	- Registered	No.
1. (T	NAME OF DECEASED			2. DATE OF DEATH 8-2	21–51
Α.	PLACE OF DEATH Baltimore City, Maryland	Α.	STATE	NCE (Where deceased lived. B. COUNTY	If institution : residence before admission
B. HIL	FULL NAME OF (If not in hospital or institution, DSPITAL OR Baltimore City Hospit STITUTION 4940 Eastern Ave.	al location)	Marylan CITY OR TOWN Baltimore		its, write RURAD and give
-		Yrs. Mos.	STREET ADDRE		2
C.	sex 6. COLOR OR RACE 7. SINGLE, M	Days			
M:	ale White Married	, DIVORCED (Specify)	II_I6_I907	9. AGE (In years last birthday)	Months Days Hours Min.
10 worl	A. USUAL OCCUPATION (Give kind of to be a done during most of working life, even if retired)	BUSINESS OR INDUSTRY	. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	const 14	MOTHER'S MA	IDEN NAME	
_	Lewis Parker		Ella Wil		
15 (Ye	e, no or unknown) (If yes, give war or dates of service)	SECURITY NO. Rec	cords:balt	140 Eastern Ave. Imore City Hospi	ADDRESS
	18. 420 /	CAUSE OF	DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardi	al Infartio	on	3 Weeks
H	ANTECEDENT CAUSES				
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)			
ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		NDINGS OF OPERATI	ON		20. AUTOPSY?
CA					YES NO
MEDICA		OF INJURY (e. g., in or factory, street, office bldg., etc.)	21c. WHERE D INJURY OCCUP		, give exact location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
	m. WHIL	RK AT WORK			
	22. I hereby eertify that I attended the dec	ceased from 8-21-		$t_0 = 22 - 51$ 19.	_, that I last saw th
	deceased alive on 8-22-, 1951 and	that death occurred	l at 8:45 Am.,	from the eauses and on	
	23A. SIGNATURE	23в.	ADDRESS		8-22-51
	J.S. 603	M. O. H940			
TIC	ON. REMOVAL (Specify)	L. J. Lute	OR CREMATORY	240. LOCATION (City, tow	(State)
	THE RECEIVED BY REGISTRAR'S SIGNATURE	و المالية المالية على المالية	FUNERAL DIRE	ECTOR OF A	ADDRESS

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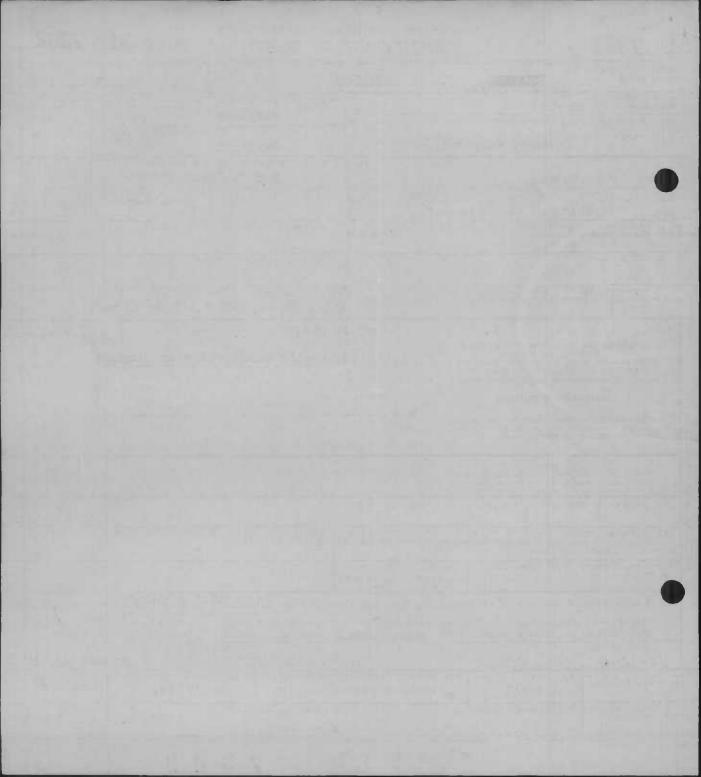
51 736		EALTH DEPARTMENT	51	7361
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	
1. NAME OF DECEASED (Type or Print)	Miller		2. DATE OF 8 2 2	-
3. PLACE OF DEATH: A. Baltimore City, Maryland	rringr	4. USUAL RESIDENCE (Wh	DEATH 0 22 - pere deceased lived. If institu	tion: residence before admission)
	institution, give street address or location)	md.	000	7
INSTITUTION Unweinty	of ma.	Baltimore (If or	utside corporate mits, write	township)
	Yrs. Mos.	D. STREET ADDRESS (If ru	iral, give location)	
	Days SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years Under)	Year If Under 24 Hours
W	Married (Specify)	JAN. 11, 1902	last birthday) Months L	ays Hours Min.
work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		HAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		SH
15. WAS DECEASED EVER IN U. S. ARMED FO.	Denist Pila	MARIA F. TH	IUMAN	
(Yes, no or unknown) (If yes, give war or dates of se	security No.	17. INFORMANT MYRTLE S. 14	ADDRES	
18. 196 X		OF DEATH	[IN	TERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY	tot: 0 .		ISET AND DEATH
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ing, e. g., (A) WOLAS	tatie Coreinomo	of spine	
ANTECEDENT CAUSES	d death.) DUE TO			
Z DISEASES OR CONDITIONS, IF AN	(B)Y, GIVING			
RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	TING THE DUE TO (C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
19a. DATE OF OPERATION 198. I	MAJOR FINDINGS OF OPER	ATION	2	O. AUTOPSY?
21A. ACCIDENT WAS UNDER. 2	18. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If	in Baltimore City, give exa	ES NO
	out home, farm, factory, street, office bldg., e		in basemore City, give ex	ict location)
210. TIME (Month) (Day) (Year) (Horning INJURY)		ED 21F. HOW DID INJURY	OCCUR?	
	m. WHILE AT NOT WHILE		4.5	
deceased alive on 8-21.	ed the deceased from 15	red at 1115 Am from the	12, 195 that	I last saw the
23A. SIGNATURE		3B. ADDRESS		DATE SIGNED
24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	2407 Clara C	CATION (City, town, or cour	-22-5/ aty) (State)
BURIAL 8/25/51	PARK WOOD	CEMETERY PAR	KVILLE,	MA
DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR				1010.
	GNATURE	25. FUNERAL DIRECTOR	ADDF	RESS
VS 150	1	Wm. Cook, nc.	1 1 317 86. Par	I fo
VS 150	9 5 14606	Wm. Cook, nc.	, 1217 86. Pa	1 18.



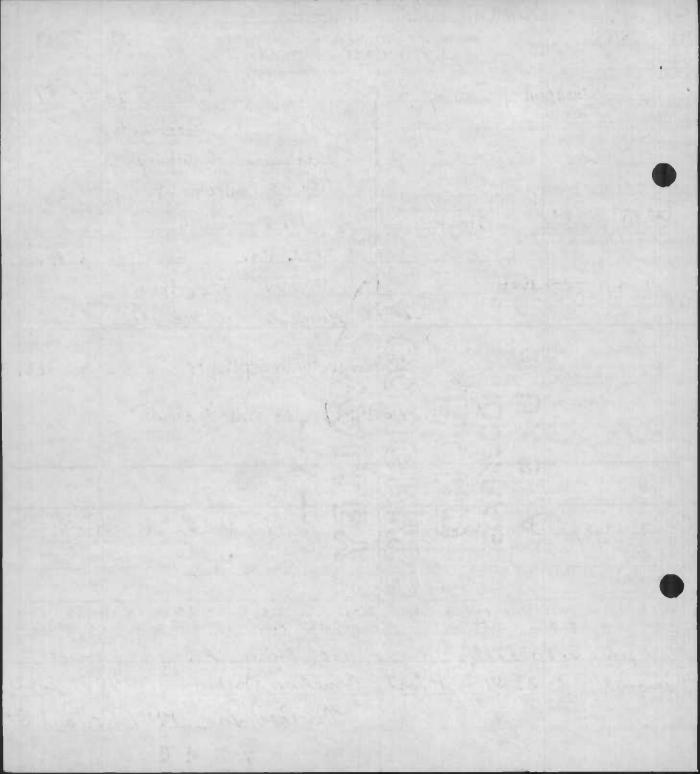
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered to. 1362

B	RTH NO.							
(7)	NAME OF DECEAS	CHAR	LES	J. WESTRI	CH	2. DATE OF DEATH	August 22,	1951
Α.	PLACE OF DEATH Baltimore City,	Maryland			A. STATE	NCE (Where deceased liver)		resid nce re admi ion)
H	FULL NAME OF OSPITAL OR ISTITUTION		Hospit	ion, give street address or location)				
-	2-7	Herey	MODDI	Yrs.				
c.	gth of stay in	Baltimore		Mos. Days		E. Chase Stre		
5.		LOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify) Owed	8. DATE OF BIRTH		Months Days	d Under 24 H ms Hours Min.
1C wor	A. USUAL OCCUPA done during most of working	TION (Give kind of ng life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12 CITIZE WHAT	N OF COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME		
15	. WAS DECEASED EVE	R IN U, S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT			
(Ye	s, no or unknown) (lf;	yee, give war or date	s of service)	SECURITY NO.		508 E. Chase	Street	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					sclerotic car	rdiovascular d	Lsease	
AL CE	19A. DATE OF OPE			FINDINGS OF OPER	ATION		20. AL	NO X
EDIC/	21A EXTERNAL C UNDERLYING C UTING CAUSE	OR CONTRIB.		ACE OF INJURY (e. g., is arm,factory,street,office bldg.,e			City, give exact lo	cation)
Σ	21D. TIME (Month OF INJURY) (Day) (Yesr)	` '	21E. INJURY OCCURRI	21F. HOW DID	INJURY OCCUR?		
	2. I certify that	t I took char	ge of the	remains described a	bove, held an In:	spection & Inqu	iry thereon	and from
	the evidence	obtained by	said Auto	psu. Inspection or I	nguiry, find that	said deceased died of suicide \square , homicide	nuiry on the day stat	ted above.
	234 SIGNATURE	1/2	, courted j	7 OTTO PECCEPT CO CONTROL	23B. CHIEF ME	DICAL EXAMINER		
	William	Mounds	4		D. MEDICAL INVE	STIGATOR .	August 22	2, 1951
710	A. BURIAL, CREMA- N. REMOVAL (Specify) burial	8/25/4	1	Moreland Parl		Parkville,	town, or county) Maryla	(State) and
	TE RECEIVED BY	REGISTRAR'S	SIGNATU		Vm. Cook	2 1217 S	St. Paul	treet
TV	85 151 5 155						0	77
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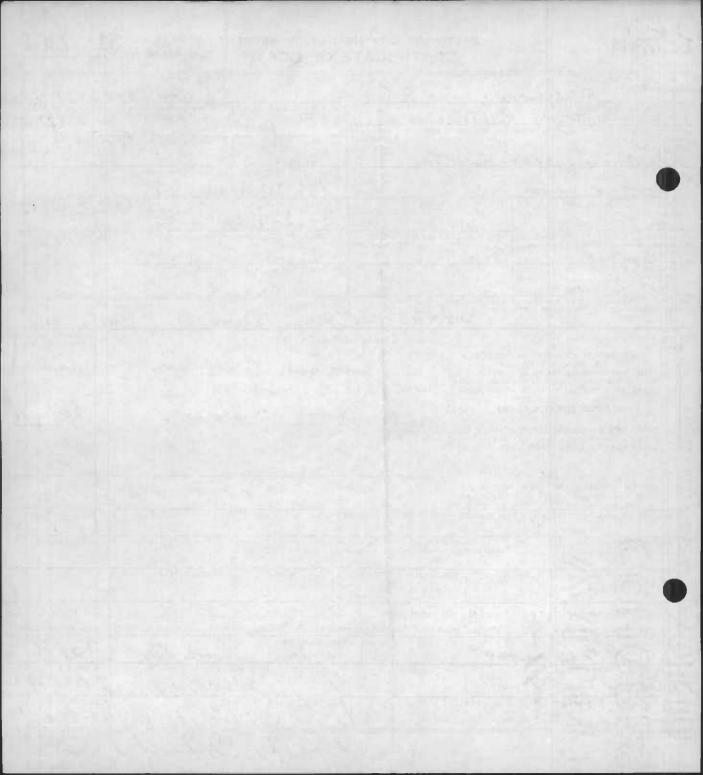


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MX. HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years ff Under | Year ff Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours: Min ging le lav 10. 1940 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uoknowo) 18. NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., ntemal heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Obstruction in 3rd Ventrice DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e.g., io or | 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby eartify that I attended the deceased from 8-, 1951, to 8-22 , 1961, that I last saw the deceased alive on 8-22 . 1951 and that death occurred at 415 F.m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRESS 23C. DATE SIGNED Elsinor M. D. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D LOCATION (City, town, or county) REMOVAL (Specify) emelous alkson DATE RECEIVED BY 25. FUNERAL DIRE REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR water of the same VS 150



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BIRTH	H NO.
	ME OF DE

)					4 100001
1	7364 BA		ALTH DEPARTMENT	Registered No	1 7364
BIF	RTH NO.	CERTIFICATE	OF DEATH	registered 146	,
	NAME OF DECEASED pe or Print)	A 0		2. DATE	
	SICKELMAN	ORR.		DEATH 8 - 2	12-51
	PLACE OF DEATH:	more	4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	before (dmission)
	TULL NAME OF (If not in hospital or institu		Md.	20	-04
	SPITAL OR STITUTION	location)	C. CITY OR TOWN (I	f outside corporate limits,	write RURAL and give township)
_7	-RANKlin Square Hos	PITAL	IDALI.		
		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
	sength of stay in Baltimore SEX [6.COLOR OR RACE] 7. SINGS	Days	123 WILLER	9. AGE (In years) HU	andre I Very W Parts 61 Parts
٥, ١	6. COLOR OR RACE 7. SINGI	LE, MARRIED, WED, DIVORCED (Specify)	B. DATE OF BIRTH		nder 1 Year H Under 24 Hours the Days Hours Min.
10	M 2	INgle.	1-12-1892	59	
	done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	2 CITIZEN OF WHAT COUNTRY?
(LCCOUNTANT Berge	MIRE Co.	LowA		
13.	FATHER'S NAME	(w)	14. MOTHER'S MAIDEN N	AME	
	UNKNOWM		UN KNOWI	J .	
Yes,	po or unboown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
		140.03.1031	Hosp. Recor	eds. BA	LTo. Md.
	18. 58/,/	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1	.0 14	10:	
	(This does not mean the mode of dying, e		when 6 th	y liver	+3 mos.
	heart failure, asthenia, etc. It means the diser injury or complication which caused dea		7		
	ANTECEDENT CAUSES		hranic alcoh	0.	201
z		(B)	home allong	rusm	20T years
	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING				4
Y)	UNDERLYING CONDITION LAST.				
<u>F</u>		(C)			
F	OTHER SIGNIFICANT CONDITIONS CO			To all a male and	
O.	TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING				
	The state of the s	R FINDINGS OF OPER	ATION		20. AUTOPSY?
S -					YES NO
EDIC		ACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		If in Baltimore City, gi	ve exact location)
Σ.	21p. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJUR	Y OCCUR?	
	FINJURY	WHILE AT NOT WHILE			
a.	m.	WORK AT WORK L	1/2 /- 1	0 /21 5	/
	22. I hereby certify that I attended th	e deceased from 8/	76 /5 1 19, to	8/22 , 195,	that I last saw the
	deceased alive on 8/12, 1957			the causes and on the	
	23A. SIGNATURES		Franklin Sch	were Bren	8/22 ST
24	BURIAL. CREMA- 24B. DATE	M. D.	RY OR CREMATORY 340. 1	OCATION (City, town, o	r county) (State)
3/8	REMOVAL (Specify)		() 64	grindA ,	IOWA
	TE RECEIVED BY REGISTRAR'S SIGNAT	URE	5. FUNERAL DIRECTOR	2 Man 111	ADDRESS
1	CAL REGISTRAR	aust, Mr X	07/ C4/c	1.181.000	WEX
	VS 150		() 00 30	3-87 ./.	
		100060	TACKY (-	uncke)	CPO .
		1 43			24a



300 17365 BIRTH NO.
1. NAME OF DEC (Type or Print)
3. PLACE OF DEA A. Baltimore Ci

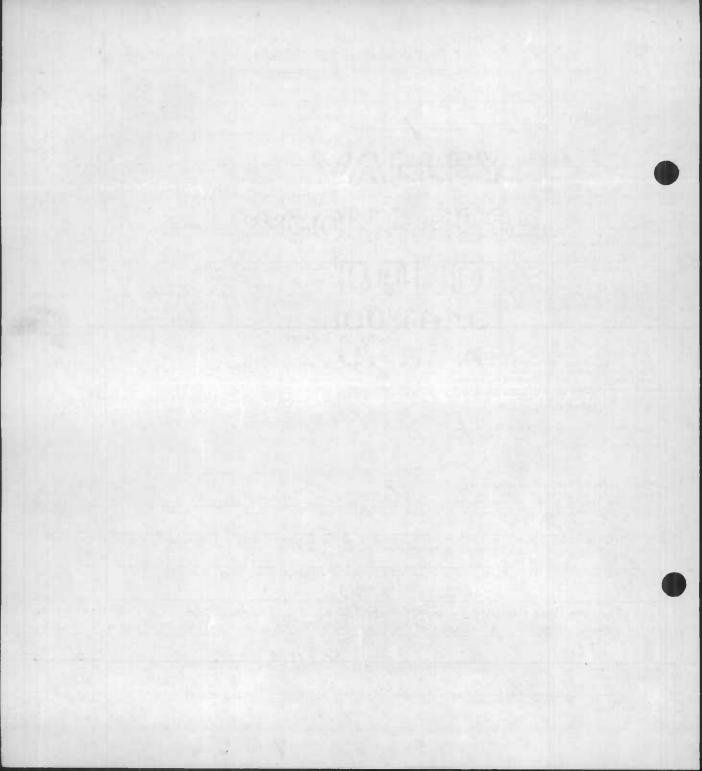
BALTIMORE CITY HEALTH DEPARTMENT

.51 7365

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BIR	7000 TH NO.			CERTIF	ICATI	E OF DEATH	Registere	d No.
1. 1	NAME OF DE	Henrie	, +++	7-	100	1d.	2. DATE OF DEATH (L	ug. 20, 1857
	Baltimore C	ety, Maryland	214	V		4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	
10	ULL NAME OF	(3 Chearter	21	on, give street a	location	C. CITY OR TOWN. BAHIMO D. STREET ADDRESS	re 2	mit write RVRAI and five
c. I	ength of st	ay in Baltimore		67	Yrs. Mos. Days	1 - A	Arton	Rosd.
5. 5	emple	6. COLOR OR RACE	WIDOW	MARRIED.	D (Specify)	18. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
orko	House	CUPATION (Give kind of f working life, even if retired) WOW R	108. KIND	IN	S OR DUSTRY	BAHIMONE	, md.	12. CITIZEN OF WHAT COUNTRY?
	uā en	e Willia) sem	Wood	5	Ann A	Turner	
15. Yes,	WAS DECEASE no or unknown)	D EVER IN U.S. ARMED (If yee, give war or dates	FORCES? of service)	16. SOCIAL SECURIT		17. INFORMANT ELA E. BAI	le (Sister)3	ADDRESS
201201	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, IT HE ABOVE CAUSE (A) VING CONDITION LA	FH dying, e.g ns the disease aused death. ES FANY. GIVIN STATING TH	(A)	Lo	bat Pneu	monia	1/ days
ב ב ב	TRIBUTING TO THE D	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	j	Peso	nephrosis.		18-days.
ביייין -		NT, SUICIDE, (Specify)	218. PLA	CE OF INJUF	RY (e, g., i		(If in Baltimore Cit	yes No
M	D. TIME (Month) (Day) (Year)		VHILE AT WORK	OCCURR NOT WHILE AT WORK		JRY OCCUR?	
-	22. I hereby deceased al 23A. SIGNAT	A STATE OF THE PARTY OF THE PAR	ended the	deceased fro	th occur	- 5 / , 19 , to- rred at 9:30 pm., from 3B. ADDRESS 42-7 Swale a	n the causes and o	951, that I last saw the n the date stated above. 23c. DATE SIGNED 2-20-5
DA	A. BURIAL, CONTRACTOR OF THE RECEIVED	D BY YEGISTRAR	195-	11/16			Ballot.	ADDRESS 322-
LO	CAL REGIST					Marketii R.W.	Iliam .	Schroeder 1 80

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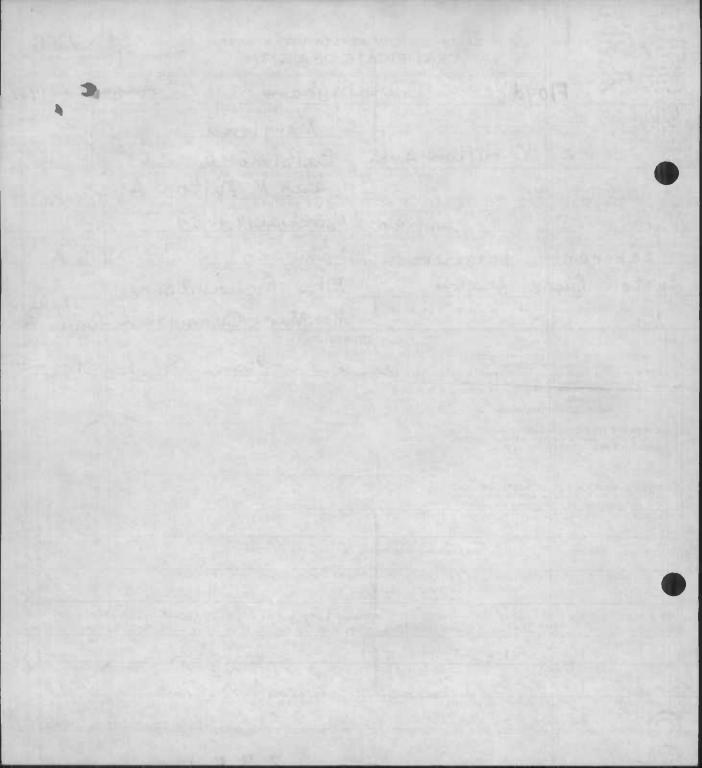
CERTIFICATE OF DEATH

51 7366

В	IRTH NO.			CERTIFICATI	E OF DEATH	Registered No.	
1. (T	NAME OF DEC	Floye	(Cunn	ingham	OF Augu	18t20,1951
	Baltimore City	TH:			4. USUAL RESIDENCE (W		titution: residence before admission)
H	FULL NAME OF OSPITAL OR ISTITUTION			ion, give street address or location)	c. CITY OR TOWN (If	outside corporatelimis)	
0	SATOTION	220 N	fult	ton Ave.	Baltimore		township)
c.	Length of stay	in Baltimore		Yrs. Mos. Days	220 N. Fu	rural, give location)	0.
5.	Male 6.	COLOR OF RACE	7. SINGLE	E. MARRIED. ED, DIVORCED (Specify)	March 31 1901	9. AGE (In years It Unclean Month	der I Year II Undar 24 Hours ns: Days Hours Min.
10	DA. USUAL OCCU	PATION (Givekindo	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
	Labo	rer	1	shoreman.	haurence,	S.C V	LS A
13	A. C+	0	ahau		14. MOTHER'S MAIDEN NA	,	
15	5. WAS DECEASED		nghar	16. SOCIAL		-rdson.	
Ye	es, no or unknown)	(If yes, give war or dat	es of service)	SECURITY NO.	Mrs. Manie Cu	nningham.	RESS Fultur
-	18, //_			CAUSE	OF DEATH	reversi gracero, e	INTERVAL BETWEEN
	473	OR CONDITION	DIRECTLY				ONSET AND DEATH
	(This does no	ean the mode	of dying, e. g	s., (A) en	des Non	welly dry	to month
	injury or co	asthenia, etc. It me mplication which	caused death	e, .) DUE TO			
	AA	TECEDENT CAU	SES				
5		R CONDITIONS,			***************************************		
7	UNDERLYIN	ABOVE CAUSE (A	AST.	E DUE TO			
7				(C)			
2		II NIFICANT CONE					
נו	TO THE DISE	ASE OR CONDITIO	N CAUSING I	т			
L	19A. DATE OF	OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	21A. ACCIDENT HOMICIDE (Specify)		CE OF INJURY (e. g., i		f in Baltimore City, give	
ME							
(INJURY (Mo	onth) (Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE		OCCUR?	
			m.	WORK AT WORK	× 11	2-2 (0)	
	deceased alive			deeeased from Land that death occur		ne cruses and on the	that I last saw the
	23A. SIGNATUR			2	3B. ADDRESS		23c. DATE SIGNED
	V	1 th	JAD	M. D.	JIJa my	1031	81-51
	4A. BURIAL, CRE ON REMOVAL (Spec		151	24 NAME OF CEMETE	MOLLEN 245 AC	CATION (Cay, town, or	(State)
	ATE RECEIVED E		SSIGNATU		25. FUNERAL DIRECTOR	141.	DORESS 322/1
		THE RESERVE TO STATE OF THE PARTY OF THE PAR	ma . 1 % / 1	- 181 R - AR	M. K.+: P1.	1.11	1

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BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No.1 7367
1. NAME OF DECEASED John T. Stamb	ough 2. DATE August 22,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, It institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, orde RURAL and give township)
This Memorial Hospital DOH Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. orth of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
Male White manual Moleculary	Jan 17, 1913 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) Operator Balto Troncut	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATTER'S NAME	14. MOTHER'S MAIDEN NAME
15. MS DECEASED EVER IN U. S. ARMED FORCES? B. SOCIAL	WINFORMANT ADDRESS
Yes, Mor unknown) (If yes, give war or dates of service) SECURITY NO.	Erma m Stamboush 751 lector fue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH OF ONDRY DISEASE INTERVAL BETWEEN ONSET AND OBATH
ANTECEDENT CAUSES (B)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., in underlying OR CONTRIB. about home, farm, factory, street, office bldg., e. uting Cause of Death.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described a	bove, held an INSPECTION thereon and from
the cvidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Mspection or Inquiry inquiry, find that said deceased died on the day stated above, a [2], accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238 CHIEF MEDICAL EXAMINER 236 DATE SIGNED ASSISTANT MEDICAL EXAMINER HU QUITALINE D. MEDICAL INVESTIGATOR
24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS AND ADDRESS A
416.7 31951 Warren W. Warret, Mary	Tank C. Lakenawelly 3615-11 lehisland
V S 151	5/07350 940

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limit), write RUR II, and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED If Under | Year 9. AGE (In years) WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours: Min. 22 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTOPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? & mestro 13. FATHER SONAME 14. MOTHER'S MAIDEN NAME amp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT DDRESS (Yes, no or unknown) SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO

UNDERLYING CONDITION LAST. EE

OTHER SIGNIFICANT CONDITIONS CON-

TIME (Month) (Day) (Year) (Hour)

24B. DATE

19A. DATE OF OPERATION

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

deceased alive on

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

INJURY

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION

WHILE AT

WORK

m.

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Midus

21E. INJURY OCCURRED

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from.

24c. NAME OF CEMERERY OR CREM

and that death occurred at 9

19 to LA 238. ADDRESS

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

P.m., from the causes and on the date stated above.

24D

21F. HOW DID INJURY OCCUR?

22, 19. that I last saw the

AOCATION (City, town or county)

(If in Baltimore City, give exact location)

23c. DATE SIGNED

ADDRESS

20. AUTOPSY

NO D

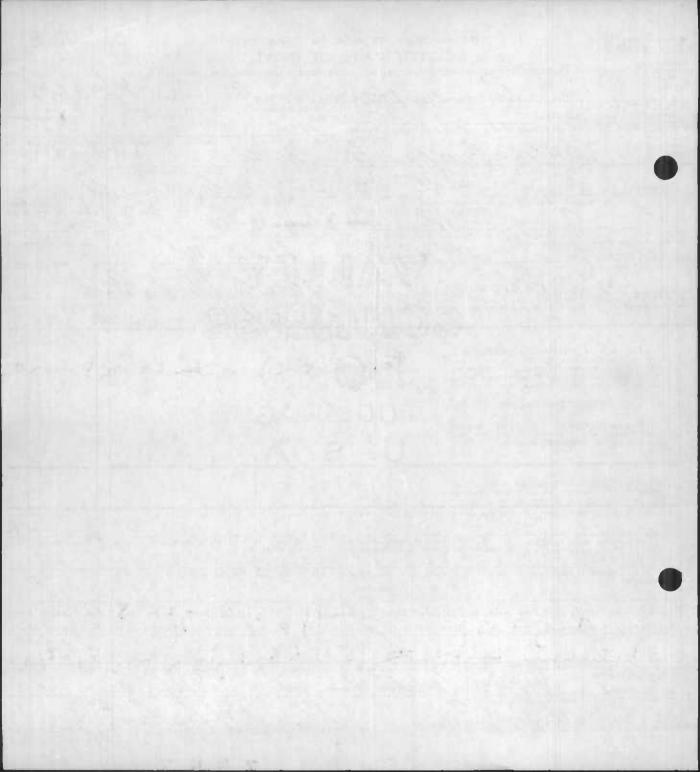
YES

10 must DATE RECEIVED BY LOCAL REGISTRAR

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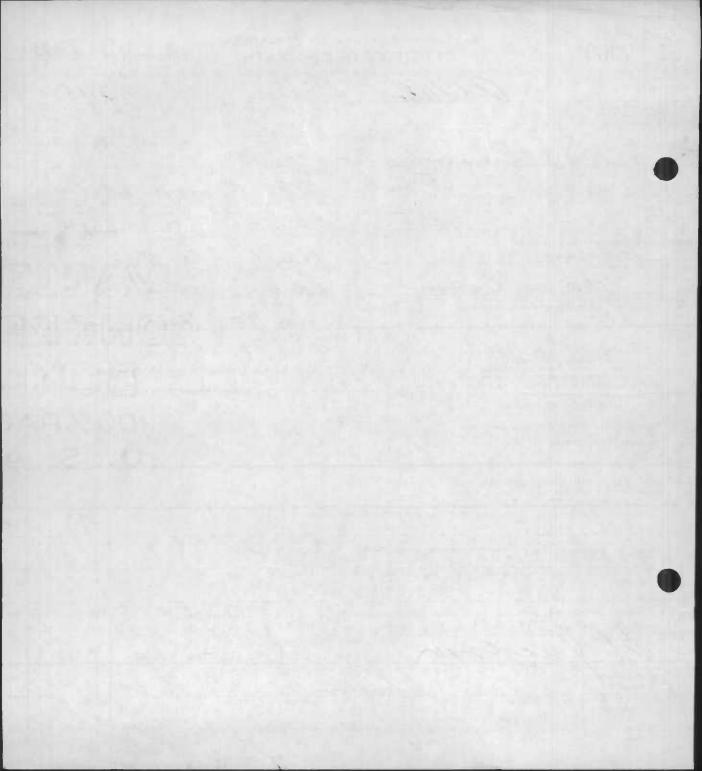
22 19

REGISTRAR'S SIGNATURE

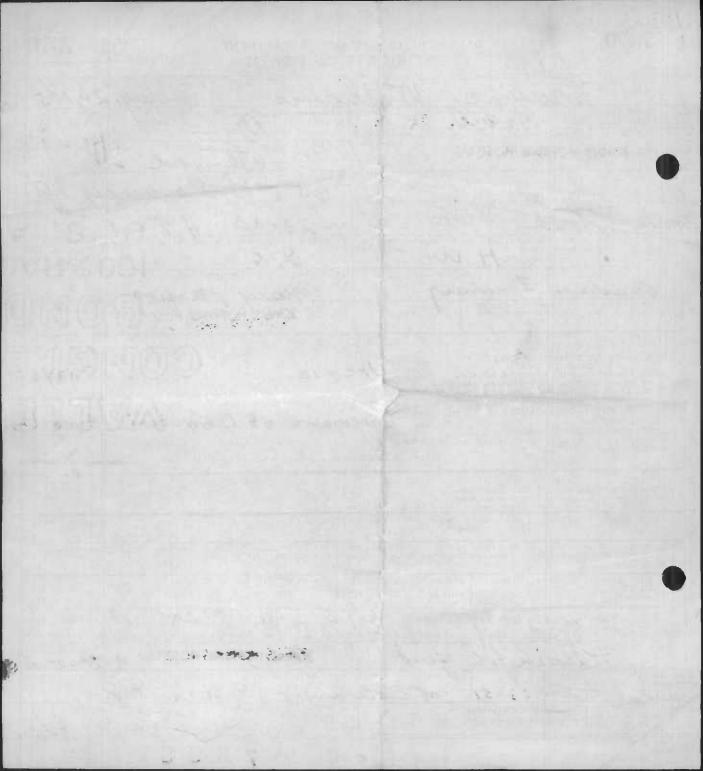


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 7369

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Addelba	Baker 2. DATE 0/2//3/
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporationinits, write RUMA), and give
INSTITUTION 1009 Edmondage Ou	c. CITY OR TOWN (If outside corporatedimits, write RUKAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 86 7/10 Mos. Days	1009 Camondoon (we
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under I Year li Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of No. KIND OF BUSINESS OR Work does during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Houseurge 13. FATHER'S NAME	Hartford 60. Md
- Than ho home	14. MOTHER SMAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	dausa Hopfino
(Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
18. // Y . CAUSE C	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND OEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	no Vascular tenul Disease 2 yrs.
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
. 194. DATE OF OPERATION 1 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
CCA	YES NO
21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., ic about home, farm, factory, street, office bldg., e. CAUSE OF DEATH	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 10	
	red at 1. 10 C.m., from the eauses and on the date stated above.
W. Tecepour M.O.	200 M. Culinator Que. 8-22-51
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY BEGISTEAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
AUG 2 3 1931	Samuel W. Sullivan
vs 150	1911. M. arlungton Cole 1210



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)]	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Register	51 7370 pred No
1.	NAME OF DECEASED Type or Print) Queline Williams DEATH	40.20.19-1
	Baltimore City, Maryland Luck & V 4. USUAL RESIDENCE (Where deceased in A. STATE B. COUN	
Ho	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate or location)	e limita, write RUHA), and iv township)
C,	Mos. Days Of Stay in Baltimore Yrs. Mos. Days Of SW. One	way St.
e	mare 8 (see 9-23-03) 48	ars II Under 7 Year II Under 24 Hours y) Months: Days Hours Min.
worl	OA. USUAL OCCUPATION (Givekind of rk done during most of working life, even if retired) HOUSTRY	12 CITIZEN OF WHAT COUNTRY?
	andem Froday Morre Fame	3
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? es, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMAN HOPINS HOPINS HOSE	ANDDRESS
	18. / 7 / X CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	7 days
	ANTECEDENT CAUSES	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
L	11	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DICAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	City, give exact location)
	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from 8/13, to 8/20,	19 1 that I last saw the
	deceased alive on \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 23C DATE SIGNED
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, ON, REMOVAL (Specify) and 33-51 Tot California C. A. C., (town, or county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. ONERAL DIRECTOR 108-	w ADDRESS
=	AUG ? 31951 Lawylor Millions, A. D. Low & Son M.	milgoneryof
	19510007350	48a



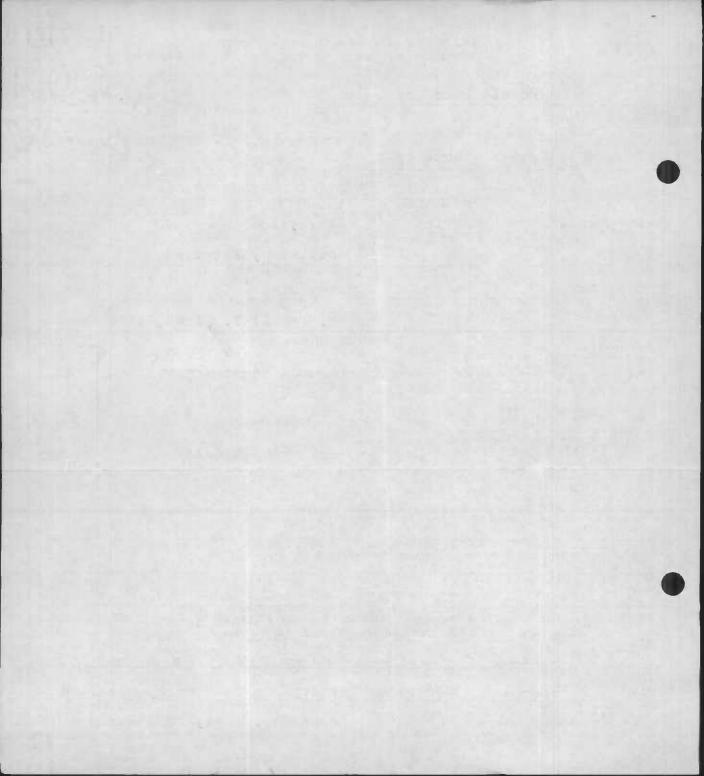
BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Bessie Fitch DEATH Aug. 22, 1951 S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate lights, write RURA) and live INSTITUTION 4216 Raymar Avenue township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 4216 Raymar Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify)
married female white Jan.9, 1886 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Davey Mary Finn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Carvil W. Fitch, 4216 Raymar INTERVAL BETWEEN 18. CAUSE OF DEATH 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION **EDICA** YES 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY 22. I hereby earlify that I attended the deceased from June 3 / , 1948, to lung 22 , 1951, that I last saw the deceased alive orace 20, 195/, and that death occurred at 7:30 m., from the causes and on the date stated above. 23A. SIONATURE 23c. DATE SIGNED 24A. BURIAL CREMA-TION, REMOVAL Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Burial 8-25-51 Parkwood Cemetery

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Baltimore, Maryland 25. FUNERAL DIRECTOR

- Now / Your on /

Leonard J. Ruck, 5305 Harford Road.



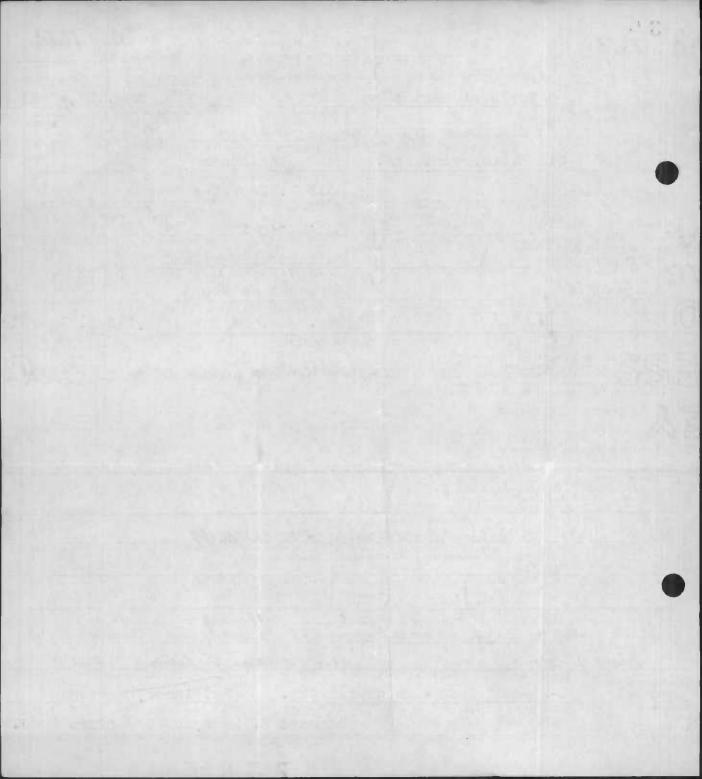
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7372 BA	ALTIMORE CITY HE	EALTH DEPARTME		
BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. NAME OF DECEASED (Type or Print) Margaret	Marino		2. DATE OF OF AUG	. 21, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE	E (Where deceased lived, If i	
B. FULL NAME OF (If not in hospital or instit	ution, give street address or location)	Maryla	and (If outside corporate limits	273
313 E. Lorr		Baltin		township
Longth of story in Dollinson	Yrs. Mos.		(If rural, give location) raine Avenue	
c. Length of stay in Baltimore 5. SEX [6.COLOR OR RACE] 7. SING	Days LE. MARRIED.	8. DATE OF BIRTH		Under i Year II Under 24 Hours
	WED, DIVORCED (Specify)	Nov. 10,1896	I look binkledows (May	nths Days Hours Min.
work done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
8t nome 13. FATHER'S NAME		Baltimore, 1		
Andrew Ryan		Margaret Mc		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Ā	DDRESS
		Mrs. Jos. De	e Pasquale,313	3 E. Lorrain
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser injury or complication which caused dear	E. (A) Uden	ocarcin ma	lundus a teri	ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	(B) ING THE DUE TO (C)			3
OTHER SIGNIFICANT CONDITIONS CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING	FED			
	R FINDINGS OF OPER	ATION	,	20, AUTOPSY7
8/9/49 Cancine	ma fundas ateri	El Andioe uma	per able	YES NO
E ZIA. ACCIDENT WAS UNDER.	ACEOF INJURY (e. g., i e, farm, factory, street, office bldg.,	or 21c. WHERE DID	(If in Baltimore City, g	ive exact location)
D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID IN	JURY OCCUR?	
m.	WHILE AT NOT WHILE			
22. I hereby eertify that I attended th	e deceased from Jun	£ , 1949, to	aug 21 , 1951	, that I last saw the
deceased alive on aug 16 , 19 57			om the causes and on th	
23A. SIGNATURE Salvin		38. ADDRESS	L Sh. Baltmire	8/23/57
24a. BURIAL, CREMA- TION, REMOVAL (Specify)			4D. LOCATION (City, town,	or county) (State)
Burial 8-25-51	New Cathedr	al Cem.	Baltimore, Ma	aryland
DATE RECEIVED BY REGISTRAR'S SIGNAT	1	25. FUNERAL DIRECT	ror	ADDRESS

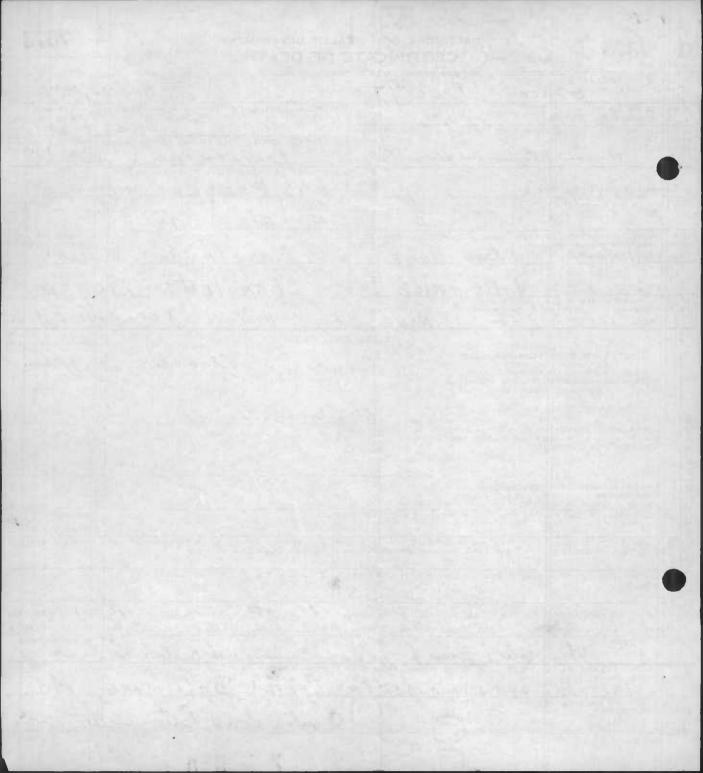
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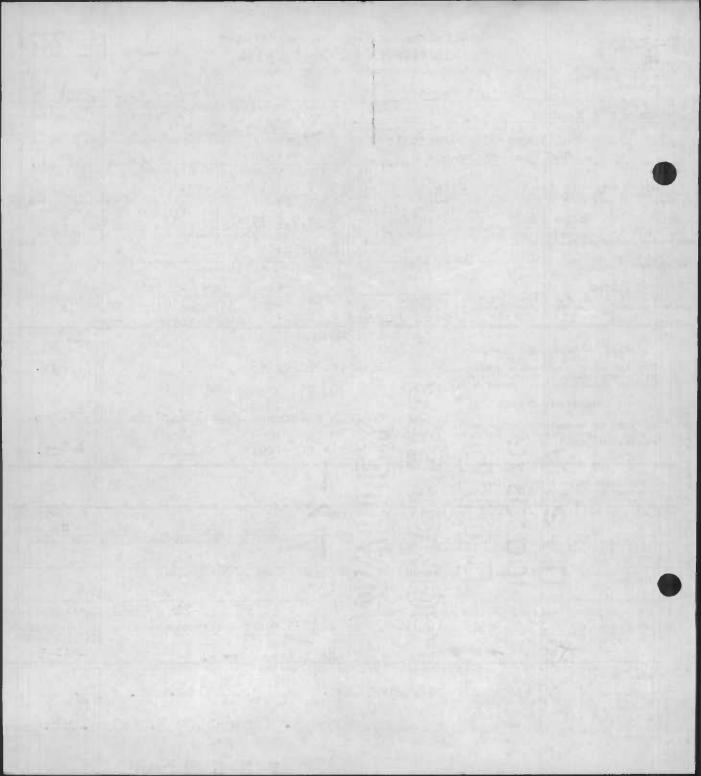
7 7.1 BI	63 7373 RTH NO.	BALTIMORE CITY HE CERTIFICATE		51 Registered No.	73'73
	NAME OF DECEASED ype or Print)	Streett		OF DEATH aug 22	,1951
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Whe	re deceased lived. If instit B. COUNTY	ution: residence before admission)
H	FULL NAME OF (If not in hospital or OSPITAL OR STITUTION Union Memo	institution, give street address or location)	n 11.	tside corporate limits wri	TIMORE ite RURAL and give RA (lownship)
c.	Length of stay in Baltimore	Yrs, Mos, Days	606 FRED	ral, give location)	VE 5388
-	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (In years H Under last birthday) Months	1 Year H Under 24 Hours Days Hours Min.
work	A. USUAL OCCUPATION (Give kind of done during most of working life, even If retired)	WN HOME	11. BIRTHPLACE State or forei		CITIZEN OF WHAT COUNTRY? USA
	FATHER'S NAME	1-14 piale Ta	14. MOTHER'S MAIDEN NAM	tte D.	(0 n 1/
	WAS DECEASED EVER IN U. S. ARMED FOR (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Dn. Wm. Helfnich	5006 Re	land Ave.
ERTIFICATION	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST, II OTHER SIGNIFICANT CONDITIO TRIBUTING TO THE OEATH, BUT NOT	ECTLY ing, e. g., the disease, dideath.) Oue To (B) Y, GIVING TING THE DUE TO (C)	tenio sclenos	om hosis	INTERVAL BETWEEN ONSET AND DEATH
O	TO THE DISEASE OR CONDITION CAL		ATION		20. AUTOPSY?
MEDICAL		1B. PLACE OF INJURY (e. g., in ut home, farm, factory, street, office bldg., et	INJURY OCCUR?	in Baltimore City, give o	YES NO C
	O. TIME (Month) (Day) (Year) (Houselin Juny)	m. WHILE AT NOT WHILE	D 21F, HOW DID INJURY C	OCCUR?	
	22. I hereby certify that I attend deceased alive on ling 22, 19	ed the deceased from Aug	red at 13 Am., from the 3B. ADDRESS	eauses and on the do	at I last saw the ate stated above.
D.	AA. BURIAL, CREMA- ON REMOVAL (Sperify) BURIA ATE RECEIVED BY COLL REGISTRAR REGISTRAR	- 11/11/1	RK CEMETERY BA	CATION (City, town, or ex	
1	VS 150		Gaslow Sons,	Calonsvill	9119



BALTIMORE CITY HEALTH DEPARTMENT

Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Carroll Regan DEATH Aug. 21, 1951 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF Baltimore City Hospitals location HOSPITAL OR (If outside corporate limits, write URAL and give INSTITUTION 4940 Eastern Avenue Baltimore p. STREET ADDRESS (If rural, give location) Mos. 7 N. Linwood Ave. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male Single Sept. 7, 1919 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland TO 1 TOP Clathing 14. MOTHER'S MAIDEN NAME Joseph Regan Annette Rogers (Annette Regam) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT Baltimore City Haspitals (Yes, no or unknown) SECURITY NO 4940 Eastern Avenue 6-09-2084 Records: INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Shock secondary to (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hemorrhage form Esophageal Varices RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Cirrhosis of Liver 4 Yrs. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES E EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 8-20 8-21 , 1951, that I last saw the 19 51 to_ 22. I hereby certify that I attended the deceased from. deceased alive on 8-21 1951, and that death occurred al 2:50 pm., from the causes and on the date stated above. 23c. DATE SIGNED 8-21-51 4940 Eastern Avenue 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE Burial Oak Lawn Cem. Balto. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR John A. Moran-3000 E. Balto.

VS 150

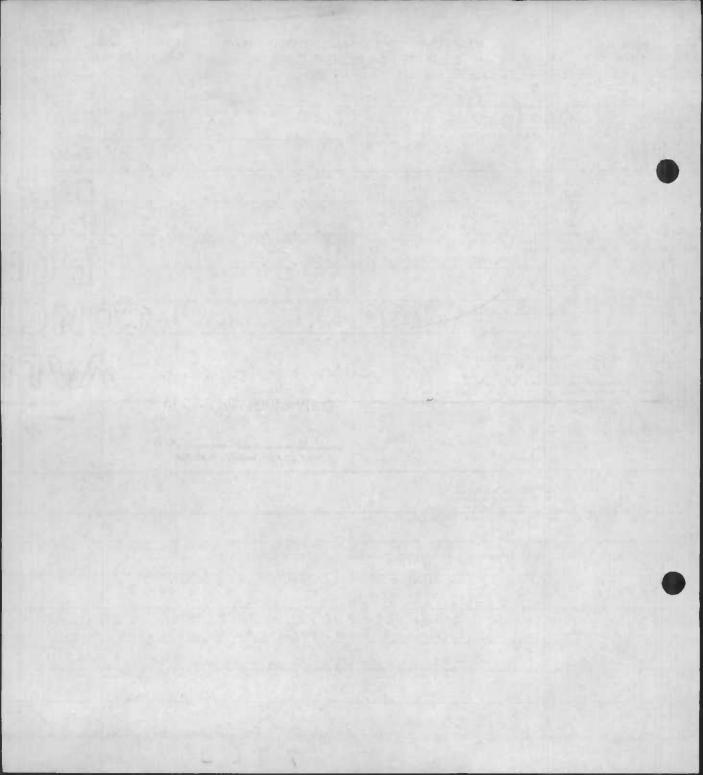


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51 BIRTH N	7375
1. NAME (Type or 1	OF DECE
3. PLACE	OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7375 Registered No.

1. NAME OF DECEASED (Type or Print) ROPERT G.	SMITH		2. DATE OF DEATH AUG.	20. 1951	
S. PLACE OF DEATH: A. Baltimore City, Maryland 221 N.	Rose St.	4. USUAL RESIDENCE (W	There deceased lived. If i. B. COUNTY	nstitution: residence before admission)	
B. FULL NAME OF (If not in hospital or institu HOSPITAL OR INSTITUTION	ntion, give street address or location)				
		Raltimore	0		
	Yrs. Mos.	D. STREET ADDRESS (If)	cural, give location)		
c. Length of stay in Baltimore 5. SEX [6. COLOR OF RACE 7. SINGLE	Days	221 N. Rose St			
	E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If I last birthday) Mon	Under I Year If Under 24 Hours this Days Hours Min.	
	rried	Feb. 3, 1906	45		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
	er's Brewery	Balto. Nd.		TISA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Unknown		Allie ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL	17. INFORMANT	AD	DRESS	
	SECURITY NO. 215-05-4023	Mrs. Melisse Smi	ith 221 M. T	ose St.	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CO	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO CERTIFICATION APPROVED BY (B) DUE TO CERTIFICATION APPROVED BY (C) CHIEF OR ASST. MEDICAL MARINER.				
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY// YES No					
21a. ACCIDENT WAS UNDER LYING OR CONTRIBUTING Obout home	ACE OF INJURY (e. g., in a, farm, factory, street, office bldg., e	n or 21c, WHERE DID (I. INJURY OCCUR?	f in Baltimore City, gi	ive exact location)	
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK / /					
22. I hereby certify that I attended the	e deceased from 2.	2. A 19 to 8	72951 19	, that I last saw the	
deceased alive on, 19 and that death occurred at 10.157m., from the causes and on the date stated above					
23A. SIGNAPURE		468 M. Luze	rue au	8/22/5	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY ALD. LO	OCATION (City, town, o	or county) (State)	
Rurial 8/24/51	Pathal Cem.	1100	randria. Va.		
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR	1 0 4	ADDRESS	
	Control of the contro	Mm. Jukner "	ons. Sue L	Uld Ma.	
VS 150	5 584	160736	0	94a	



h .	22		
1	CERTIFICAT	E OF DEATH Registered No.	7376
1.	NAME OF DECEASED	2. DATE	-1-1
(1	ype or Print) Louise W. Fenguson	DEATH	
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instinct A. STATE B. COUNTY	itution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location STITUTION Memorial Hay.		rite RURAL and give township)
	Yrs. Mos.	D. STREET ADDRESS (If rural give location)	
-	Length of stay in Baltimore Days	7116 Face resul	
5.	SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 8. DATE OF BIRTH 9. AGE (In years last birthday) Months	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) A. HOME		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAM	14. MOTHER'S MAIDEN NAME	NOH
	5. Whitely Wasford	Lydia Love	
	WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yes, give war or dates of service) SECURITY NO. No.	James W. Therguson 41161	Full Ref.
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) (D) (D) (D) (D) (D) (D) (D)	OF DEATH Lyocardish furtie	INTERVAL BETWEEN ONSET AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	dinne	
LIFI	(C)		
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

D. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from.

deceased alive on 23A, SIGNATILIRE

24B, DATE

24C. NAME OF CEMETERY OR CREMATORY

21E. INJURY OCCURRED

, 1951, and that death occurred at 10 %

WHILE AT WORK

NOT WHILE

25. FUNERAL DIRECTOR

23B. ADDRESS

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

ADDRESS

1951, that I last saw the

23c. DATE SIGNED

DATE RECEIVED BY LOCAL REGISTRAR VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

BURIAL

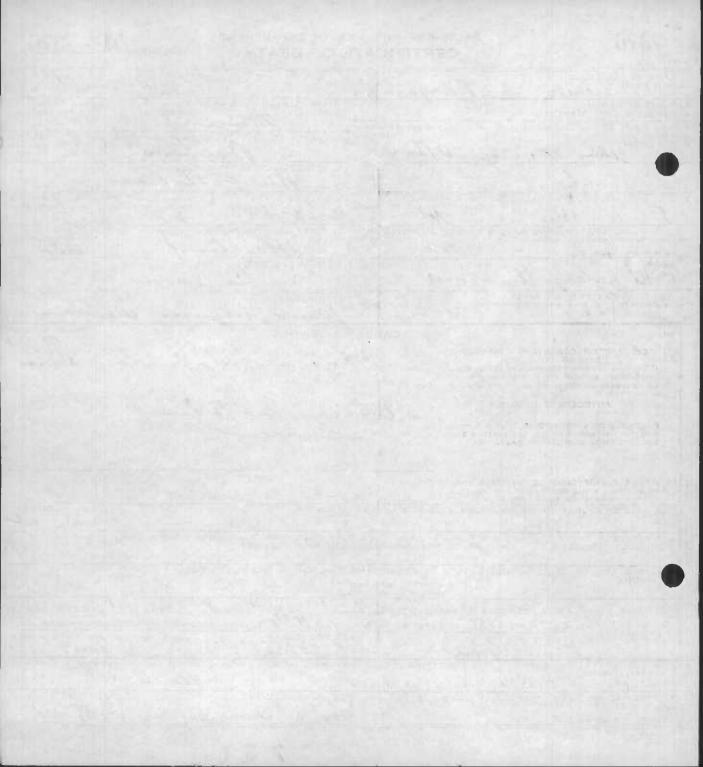
MEDICA

(If in Baltimore City, give exact location)

m., from the causes and on the date stated above.

24D. LOCATION (City, town, or county)

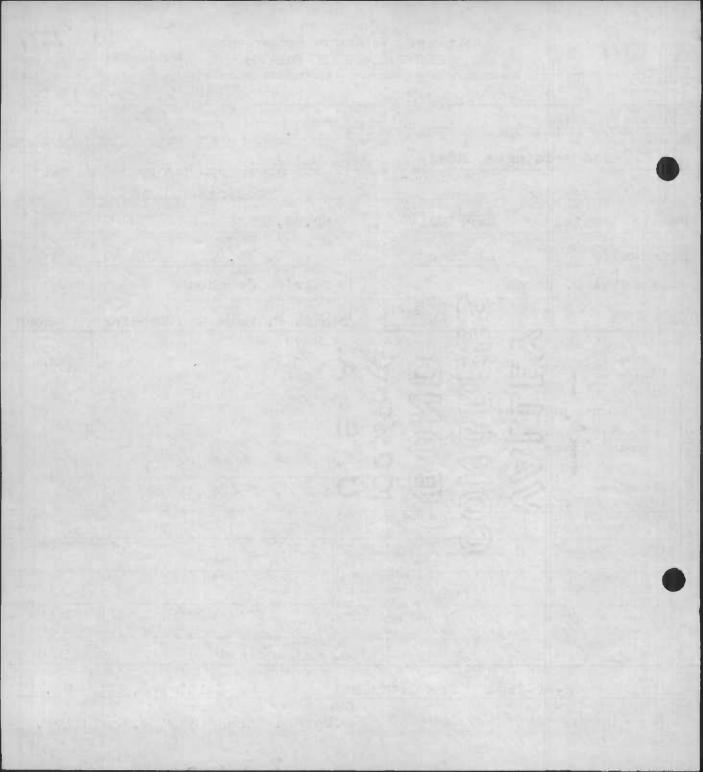
PIKESVILLE



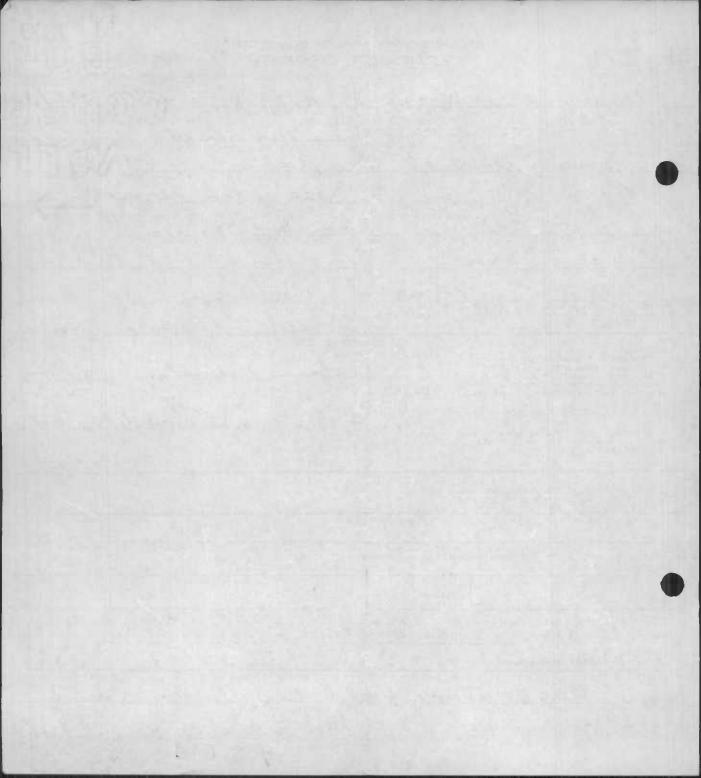
BALTIMORE CITY HEALTH DEPARTMENT

51 7377

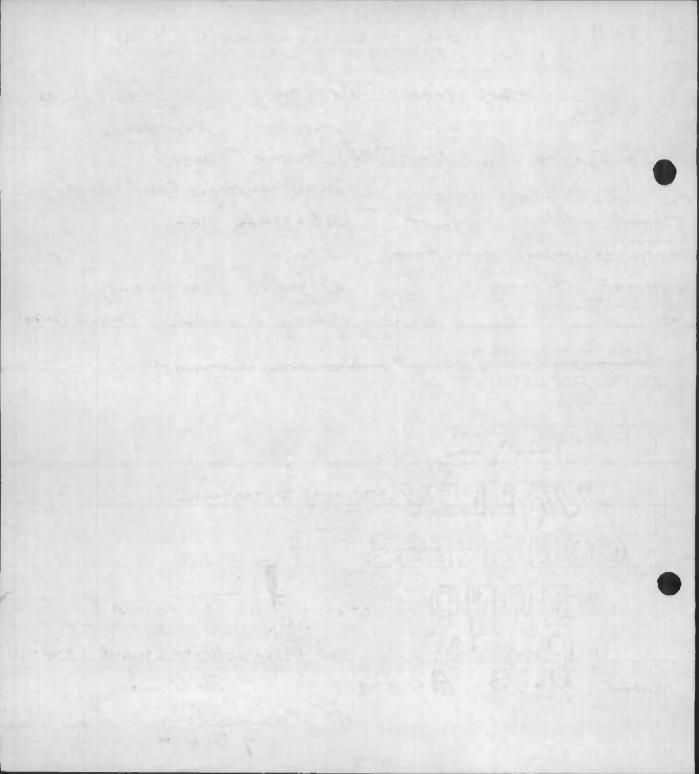
BIRTH I	NO.				CERTIFICAT	E OF DEATH	- Registered	No.
1. NAM (Type or	E OF D	ECEAS	Mrs. L	acy E.	Dake.		2. DATE OF DEATH	925×23,1951
A. Balti		EATH: City, M	Iaryland			A. STATE	NCE (Where deceased lived, I	f institution : residence before admission
B. FULL HOSPITI INSTITU	AL OR				ion, give street address or location)	C. CITY OR TOWN		its, vrite RURAL and giv Iownship
-0		000	Woodin	g ton h	33 Yrs.	Baltimo:	SS (If rural, give location)	
	th of s		Baltimore		Mos. Days	806 Woo	odington Road	
5. sex Foma	le		or or RACE		E, MARRIED, FED, DIVORCED (Specify)	Apr. 24, 189	last birthday) [N	Il Under I Year Il Under 24 Hours lonths Days Hours Min.
ork done du	UAL OCuring most o	fworking	ION (Give kind of life, even if retired)	At H	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	HER'S N			1		14. MOTHER'S MA	IDEN NAME	
			O. Baco			Malvina .	Johns on	
15, WAS Yes, no or NO	DECEASE unknown)	D EVER (If ye	IN U.S. ARME	D FORCES? is of service)	16. SOCIAL SECURITY NO. NONO	17. INFORMANT Thomas F.	Duke 806 Woodi	address ington Road
h in	This does eart failu njury or DISEASES ISE TO T INDERLY	LEAD not more, asthere as the complication of the complete	CONDITION ING TO DEA ean the mode of unia, etc. It mes cation which CEDENT CAUS CONDITIONS, 10 VIVE CAUSE (A) ONDITION L II CANT COND LEDEATH, BUT ONE CONDITION COND	TH of dying, e. s ans the diseas caused death SES F ANY, GIVIN STATING THAST. ITIONS CON NOT RELATE	(B) (B) (C) (C) (A) (B) (C) (C) (C) (C)	mary Occlas		a has.
	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
	ACCIDE	(Spec		21B. PLA about home, f	CE OF INJURY (e. g., i	or 21c. WHERE D		give exact location)
	TIME (Month)	(Day) (Year		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
dece	I hereby	iveox	fy that I att August 23	ended the	and that death occur	red at 3:15 mi.,	from the causes and on	that I last saw th the date stated above
	URIAL, X		24B. DATE		711 01		24D. LOCATION (City, tow)	n, or county) (State)
Buri	MOVAL (S	pecity)	8-25-1	951	New Cathedr	al	Baltimore,	Md.
	REGISTI		REGISTRAR	. 81111	1 4	25. FUNERAL DIRE G. Howard S	trong 3207 W.N	orth Ave.
VS	150					0 7	7 4 0	61



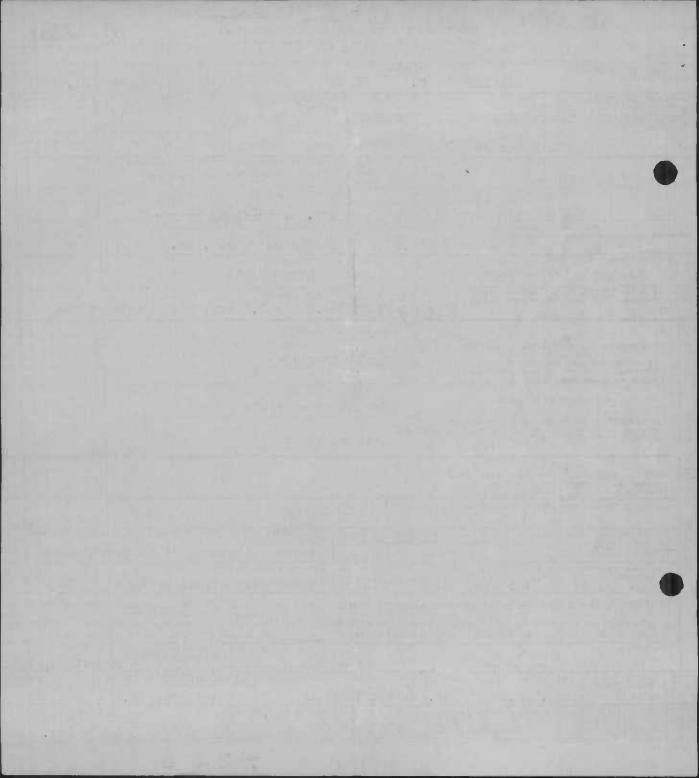
BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Lowrence DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, It institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore (If rural, give location) D. STREET ADDRESS Mos. c. Length of stay in Baltimore Street 2540 Fleet Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Aug. 6,1891 Married 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Stationary engineer Baltimore, Md. 13. FATHER'S NAME Newkirk Street 14. MOTHER'S MAIDEN NAME OXIS Michael Jaskulski Stanislawa Warczynski 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. 220-05-8230 Mrs. Catherine Jaskulski-2540 Fleet St. 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Lotonari heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш Ü 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? EDICAL YES NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING CAUSE OF DEATH. D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT AT WORK 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [9], accident [], suicide [], homicide [], undetermined []. 23A SIGNATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or dunty) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S, SIGNATURE LOCAL REGISTRAR List To you Type to the Miles V S 151



CERTIFICATE CORRECTED 8-24-51
51 7380 BALTIMORE CITY HEALTH DEPARTMENT 51 7380
BIRTH NO. 7-450 CERTIFICATE OF DEATH Registered No.
1. NAME OF DECEASED 2. DATE
Maty creace (a/1na DEATH August 12, 1951
A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITVOR TOWN (If outside corporate limits, write RURAL and give
So. Balto, Gen'l. Hosp. (D.O.A.) Severn (Rural)
Yrs. D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 1 000 9. AGE (In years Il Under 14 Hours
Female White Widowed DIVORCED (Specify) July 27 (1886) (64) 03 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Dominic Picerella Elizabeth (Unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS
No None Vincent V. Talina Severn (rural)
18. 760 X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
(This does not mean the mode of dying, e.g., (A)
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO
UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CON-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES NO D
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK
22. I hereby certify that I attended the deceased from \$ - 22 - ,195, that I last saw the deceased alive on \$ - 22 , 195, and that death occurred at 3 pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED
Jung Tsing Wond M.D. South Baltimore General House & 22-1951 24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, tolyn, or country) (State)
Buriel 8/24/5-) Holy Redeener Baltimore
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25, FUNERAL DIRECTOR ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE
AUG 3 951 V Singleton Alen Buy
vs 150



12	. 0	51	7381		LTIMORE		CCTED ALTH DEPART OF DEAT		Register	51 red No.	7381
	RTH NO.						OI DEAT				
(T	NAME OF D ype or Print)			ILLIAM	W.	FEAL					21, 1951
	Baltimore (ryland				4. USUAL RESID		ere deceased live B. COUNT		itution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF ('f			tion, give stree	t address or location)	C. CITY OR TOWN		tside corporate	limits, w	rite RURAL and give
-	4-60		Luthers	an Hos	pital	Yrs.	D. STREET ADDR	timore	L C		
c.		stay in B			50	NGK	561	3 Wayne	Avenue		
	Male	1	te	7. SINGL WIDOV Mari	e, married, wed, divorc	ED (Specify)	Nov. 9, 18		0. AGE (In yea last birthday 68 yrs 7		Day Hours Min.
work	A. USUAL OC done during most	CUPATIO	N (Give kind of e, even if retired)		or Busine	NDUSTRY	Middlesex (State or fore		12	CITIZEN OF WHAT COUNTRY?
13	FATHER'S		ighton I			10)	14. MOTHER'S MA Sarah Ca	AIDEN NAM			
15 (You	WAS DECEAS , no or unknown)	ED EVER II		FORCES?	16. SOCIA SECUR 215-03	RITY NO.	17. INFORMANT Irs. Emily J	.Fears,	5613 Wa	yne A	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH (A) Skull fracture (B) Contusion of brain (B) Contusion of brain (C) Crushed chest							ONSET AND DEATH			
ERTIFIC	TRIBUTING	G TO THE	II ANT CONDI DEATH, BUT CONDITION	NOT RELAT	ED						
O	19A. DATE C	OF OPERA	TION 1	9B. MAJOF	FINDINGS	OF OPERA	TION				YES X NO
EDICAL	21a. EXTERI UNDERLYIN UTING []	G N OR	CONTRIB-	shout home	ACE OF INJU farm, factory, street	JRY (e. g., in et, office bldg., etc	.) INJURY OCCU	JR?	n Baltimore C ue at Ro		exact location)
Σ	INJURY Aug. 2		, , ,	(Hour) 5 A. m.	WHILE AT WORK	NOT WHILE			uck by a	uto	28/41
	22. I certi	fy that I					ove, held an	Auto	psy	ti	hereon and from
	the ev	idence ob	tained by	said Aut	opsy, Inspec	etion or In		said dece		n the d	ay stated above, termined [].
	23A, SIGNA	llan	Uxmax	4		М.[23B. CHIEF ME ASSISTANT MI MEDICAL INV	EDICAL EX	AMINER 🖾		ust 22, 1951
	A. BURIAL. (S N. REMOVAL (S Burial	Specify)	48. DATE lug. 24.	1951		rcemeter	y or CREMATORY		ation (City, i		ounty) (State)
	TE RECEIVE CAL REGIST	D BY R	EGISTRAR				15. FUNERAL DIR			AD	DRESS Liberty ts Ave.
V	S 151	-80	4.2	P	1	3-996	A 30 !	7 3	6 6	17	0 = 4

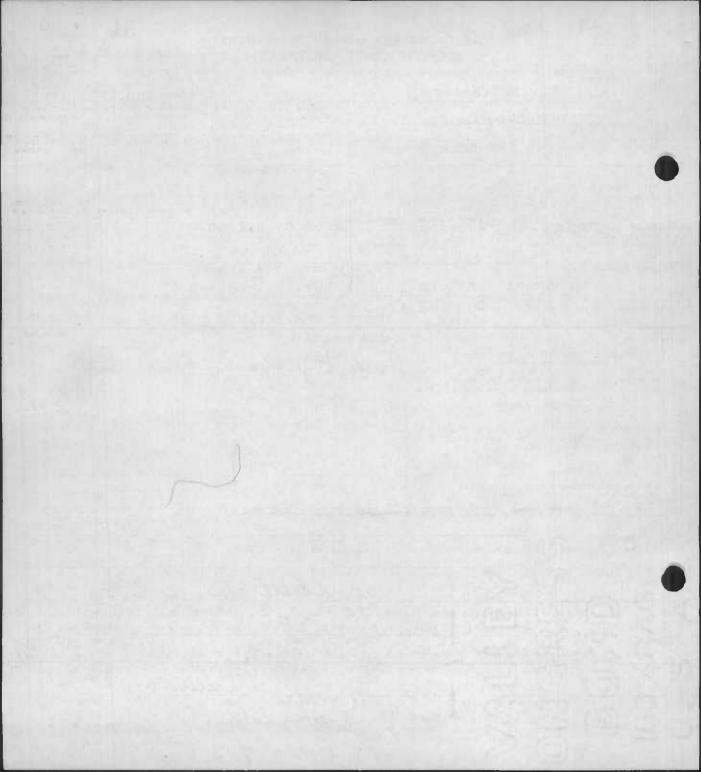


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		CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No	
	RTH NO.			
1 . T	NAME OF DECEASED 'ype or Print') Miri	amE.Adler	2. DATE OF DEATH AUG. 2	2nd 1051
A.	PLACE OF DEATH: Baltimore City, Maryland 5	709 Ranny Rd.	4. USUAL RESIDENCE (Where decessed lived. If in A. STATE Balto , Md ,	stitution: residence before admission)
40	OCDITAL OD	her home	c. CITY OR TOWN (If outside corporate limits,	write RURAL and give
1			2-1-1	5
		Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore	Days	5700 Ranny Re	
5.	SEX 6. COLOR OF RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		hs: Days Hours: Min.
H	Temale White	Divorced.	June 27th 1800 52 1	25
0	DA. USUAL OCCUPATION (Givekindo k done during most of working life, even if retired	1 10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	Housewife	14. MOTHER'S MAIDEN NAME	
		el Einstein	Bertha Decafoos	
15	S. WAS DECEASED EVER IN U.S. ARME e, no or unknown) (If yes, give war or dat	D FORCES? 16. SOCIAL SECURITY NO.		DRESS
	(1.)(1.)(1.)	SECORITY NO.	Mrs. Tarkoff 5709 Ranny	Rd.
NOTE	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	of dying, e.g., vans the disease, caused death.) USES (B) (B) (B)	Myclozenous Lenkeme	
)	11	(C) —.		
	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	T NOT RELATED		
1		19B. MAJOR FINDINGS OF OPER	ATION	YES NO
	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, givetc.) INJURY OCCUR?	e exact location)
	o.TIME (Month) (Day) (Year INJURY	m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	Shillington Ple	2-,
Ì	22. I hereby certify that I at	ttended the deceased from Mar	128 1951, to aug 22, 1951,	that I last saw the
		_, 19 \$ 1, and that death occur		
	Cillans Oppe	yerous M.O. 7	231. ADDRESS 2511 Keis 45 foun Rd	23c. DATE SIGNED
24	4a. BURIAL, CREMA- ON, REMOVAL (Specify) Burial Aug. 2	24c. NAME OF CEMETE	Il ellingtoner	(State)
D	ATE RECEIVED BY REGISTRAR	C7/51 lit Sinai Ce R's SIGNATURE	THE LEVILLE TO THE PARTY OF THE	ADDRESS
LC	OCAL REGISTRAR	ington Milliams, Mill	Davarallein hur 1000	1 tow 21 ooo



ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 abeter mellitus OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

CAUSE OF DEATH

TIME (Month) (Day) (Year) (Hour) NJURY

deceased alive on 1951, 1951, and that death occurred att 197, to City 23 , 19 2 that I last saw the 1. m., from the Juses and on the date stated above.

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

124C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) Baltimore Md

Burial DATE RECEIVED BY Aug 24, 1951

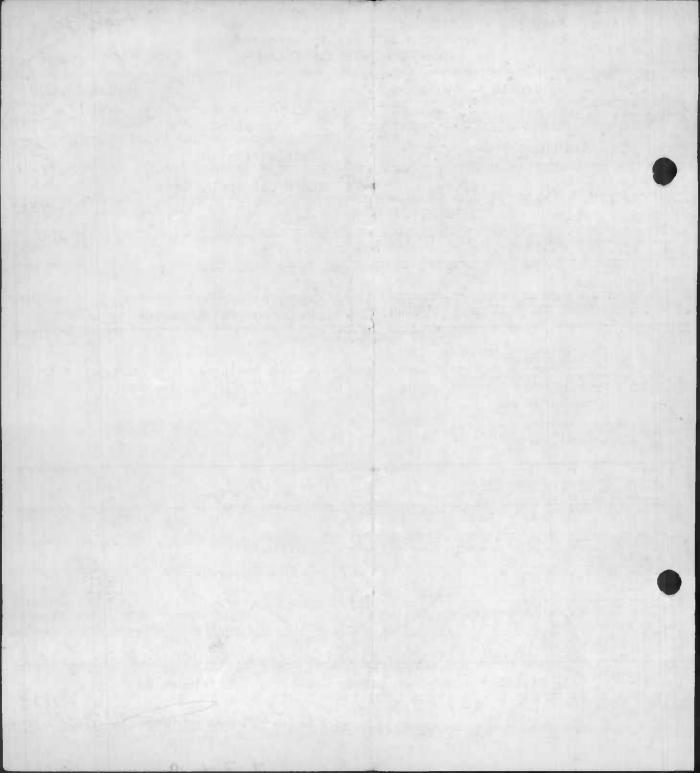
Workmen Circle Cemetery

ADDRESS

LOCAL REGISTRAR

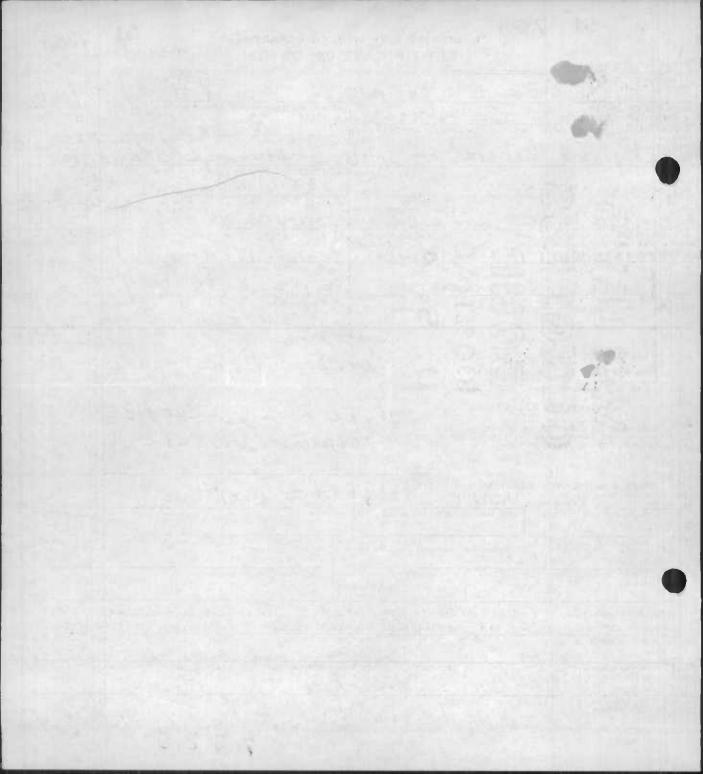
23B. ADDRESS

woond Dus W



Item #4 corrected from information in Bureau of Tuberculosis 10-26-51

52 51 7385 BALTIMORE CITY HEALTH DEPARTMENT	× 51 720	1
BIRTH NO. CERTIFICATE OF DEATH	Registered No.	O
1. NAME OF DECEASED LOU E. Young	2. DATE 8 23/5	-1
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or P. A. STATE	(Where deceased lived, If institution; re	sidence admission)
1 11	If outside corporate limits, write RURA	L and give township)
c. Length of stay in Baltimore Yrs. D. STREET ADDRESS (I. Mos. Days 2-33 W. W.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKTED. WIDOWED DIVORCED (Specify) 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) January 23, 188	9. AGE (in years if Under I Year last birthday) Months: Days He	Under 24 Hours ours. Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY ROLL OF Work done dyfing most of working life, even If retired) Own Home Pan OSU Va	foreign country) 12. CITIZEN WHAT C	
13. FATHER'S NAME 14. MOTHER'S MAIDEN N	NAME BOY/e.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, nn or unknnwn) (If yes, give war nr dates nf service) SECURITY NO. 17. INFORMANT	ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ONSET A	BETWEEN ND OEATH
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) HYPERLYING IVE	Cardio- Sease	2
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or low lound, farm, factory, atreet, nffice bldg., etc.) 21c. WHERE DID 10c.	(If in Baltimore City, give exact local	ation)
D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY MORK NOT WHILE AT WORK AT WORK AT WORK	RY OCCUR?	
22. I hereby certify that Lattended the deceased from 8/20,195(to	o / 2 3, 1957, that I las the causes and on the date stat	
23A. STGNATURE 23B. ADDRESS M. O. Mayland D	Par 18mgs 23c. DATE	SIGNED
Kanoval 8/24/51 Shanokan	LOCATION City, town, or county)	(State)
LOGAC REGISTRAS REGISTRAS REGISTRAR'S SIGNATURE. 25. FUNERAL DIRECTOR COOK Decided to the control of the con	c. 1217 St. Paul	7
vs 150	370 61	



51 7386 .430 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Elizabeth (Type or Print) 12000 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give OR TOWN INSTITUTION o. STREET ADDRESS, (If rural, give location) Yrs. werly c. Length of stay in Baltimore Days 16. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED If Under 1 Year WIDOWED, DIVORCED (Specify) Months: Days Hours: Min. Jurres 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign co. 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? oure well ussia 13 FATHER'S NAME 14. NOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) (If yes, give wer or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., CAL heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUF TO ANTECEDENT CAUSES (B) ..

Carcinoma of Hepatic DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE 7/8xUre f) Colon DUE TO UNDERLYING CONDITION LAST. CERTIFICA (C) -11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

YES (If in Baltimore City, give exact location)

20. AUTOPSY

21c. WHERE DID about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e.g., in or

21E. INJURY OCCURRED

WORK

huntington / Whigelie Mis

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) INJURY

NOT WHILE! WHILE AT

22. I hereby eartify that I attended the deceased from_

AT WORK

18 1951, to auc 23, 19 5 that I last saw the deceased alive on Cluc v3, 19 12 and that death occurred at 6 30 Cm., from the causes and on the date stated above.

23A SIGNATURE

CAUSE OF DEATH

24A. BURIAL, CREMA-24B. DATE TION, REMOVAL (Specify)

24C, NAME OF CEMETERY OF CREMATORY

240. LOCATION (City, town, or county)

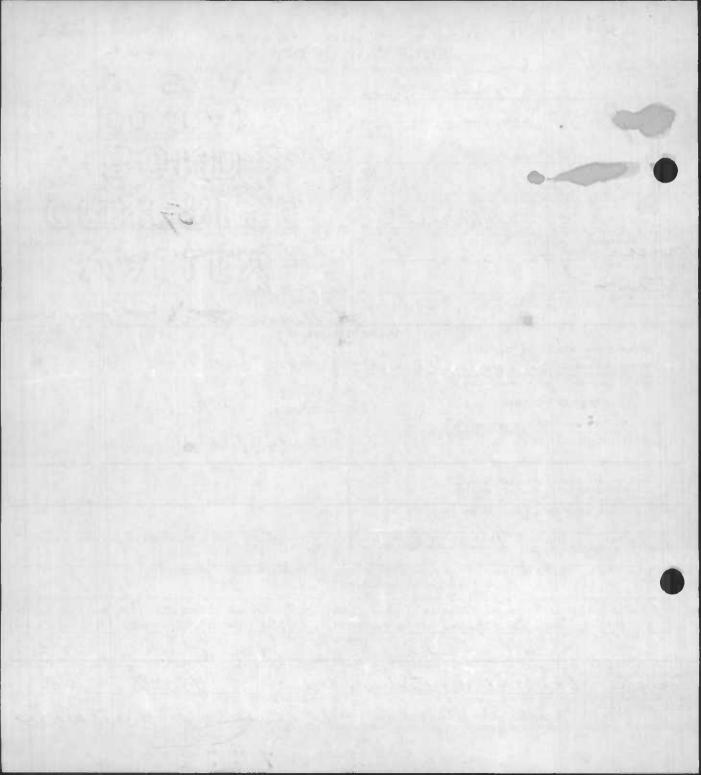
ADDRESS

vun DATE RECEIVED BY LOCAL REGISTRAR

EDICAL

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR



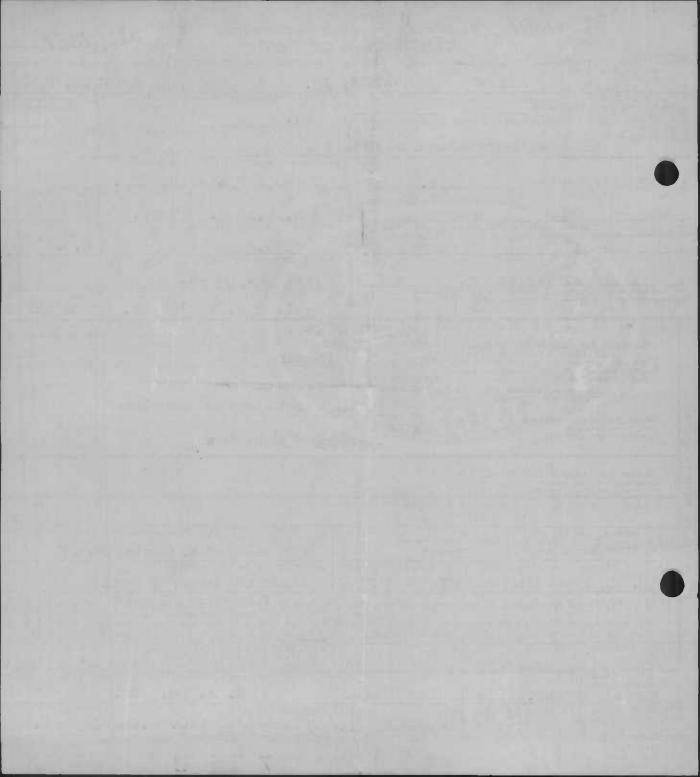
51 7387 BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1387 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) IAM 2. DATE ANDREW August 22, 1951 TAYLOR DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : resid nee 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY Md. B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION South Baltimore General Hospital Green Haven D. STREET ADDRESS (If rural, give location) Mos. Third & Catherine sts. gth of stay in Baltimore Days Life. 9. AGE (In years | 18 to the 1 Year | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White 7yrs. 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY choo chock DOY. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Taylor Sr. Gloria M. Smith. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknowo) (If yes, give war or dates of service) SECURITY NO William A. Taylor er. Green Haven CAUSE OF DEATH 8/20 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XDUEXXX ANTECEDENT CAUSES Multiple contusions and abrasions DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATION XXXXXXXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture of right femur 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Street 1300 block of S. Charles Street 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 11:45 A.m. Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes 🗍, accident 🗷, suicide 🗋, homicide 📋, undetermined 🗋.

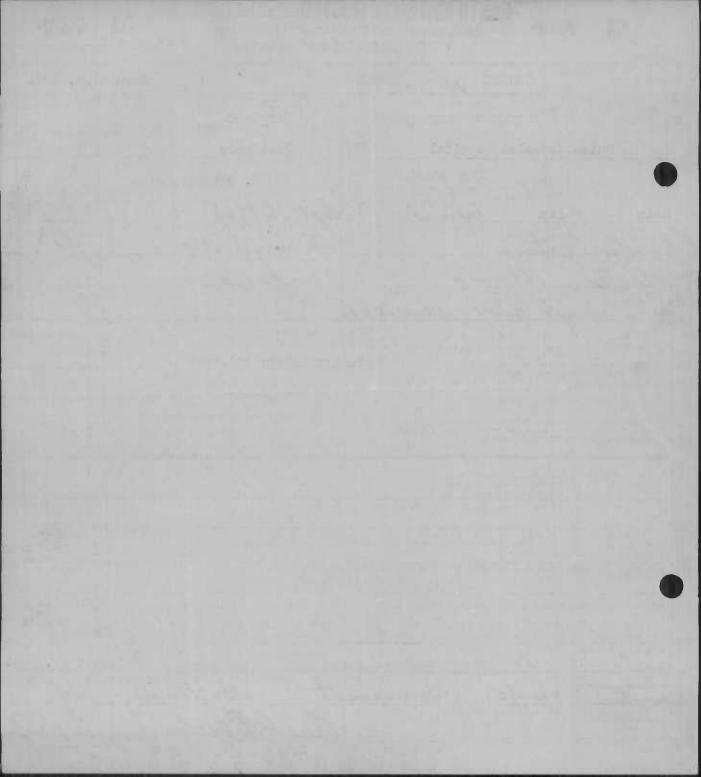
23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER.... 23c. DATE SIGNED MEDICAL INVESTIGATOR 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

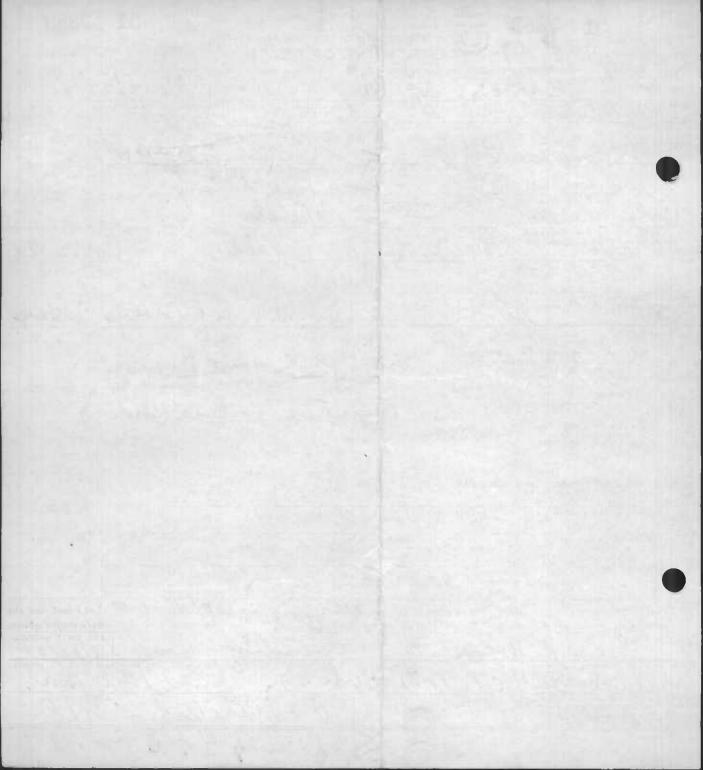
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Aug, 25, 1951 Glen Haben. A. A. Co. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNEBAL DIRECTOR ADDRESS LOCAL REGISTRAR

Yourand, His V S 151



CERTIFICATE CORRE	CIED 8-29-5	
	EALTH DEPARTMENT 51 738	8
BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
1. NAME OF DECEASED (Type or Print) GEORGE W. ARNOLD	2. DATE OF DEATH August 21, 19	751
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	- Manual and	admiss' (1)
HOSPITAL OR location INSTITUTION Union Memorial Hospital		L and giv
7 0 Vog. 1 Mos.	o. STREET ADDRESS (If rural, give location)	
ngth of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED,	339 E. 25th Street	Hadas 24 Hause
Male White Whowed, DIVGREED (Specify	Sept 18 1905 46	ours M n
10a. USUAL OCCUPATION (Givekind of 10b. KIND OF BUSINESS OR INDUSTRY	Hardings Maine 12. CITIZEN WHAT C	COUNTING
Watter) anald Server	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY		L BETWEEN
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
0 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AU	10'S
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONTRIB. DUTING CAUSE OF DEATH.		ation
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUPY WHILE AT NOT WHILE AT WORK AT WORK		
22. I certify that I took charge of the remains described	about, held an autopsy thereon	ind from
the evidence obtained by said Autopsy, Inspection or	Autopsy, Inspection or Inquiry Inquiry, find that said deceased deed on the day state X , accident \square , suicide \square , homicide \square , undetermine	ed above
23A. SIGNATURE	238. CHIEF MEDICAL EXAMIN R ASSISTANT MEDICAL EXAMINER AUFUST 21 AUFUST 21	
24A. DURINI, CREMA- 2AB. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240, LOCATION (City, town, or county)	(State)
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORY ADDRESS	10
	Cary P/10 Wellow Tuneral N	ory Ju
1 V S 151	403-6-25 that	W



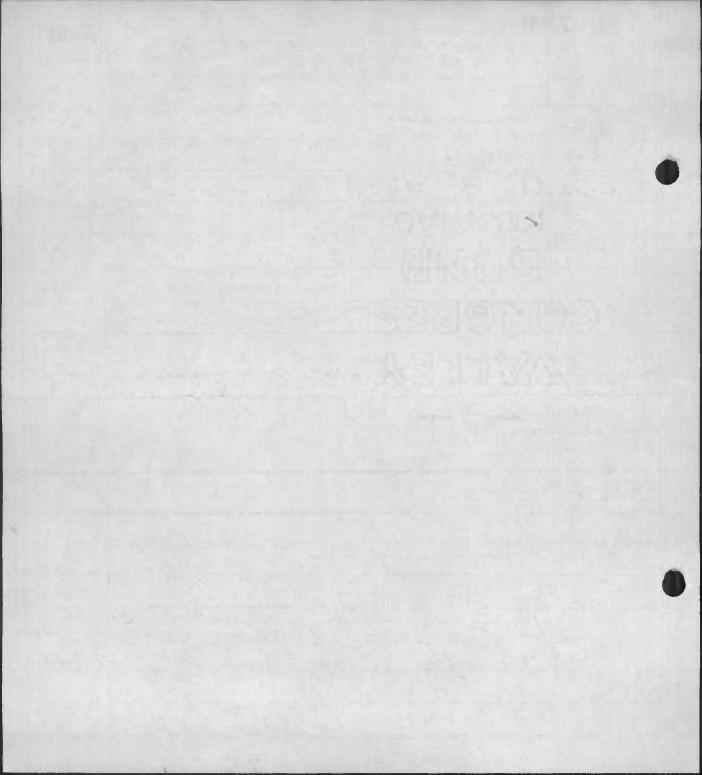


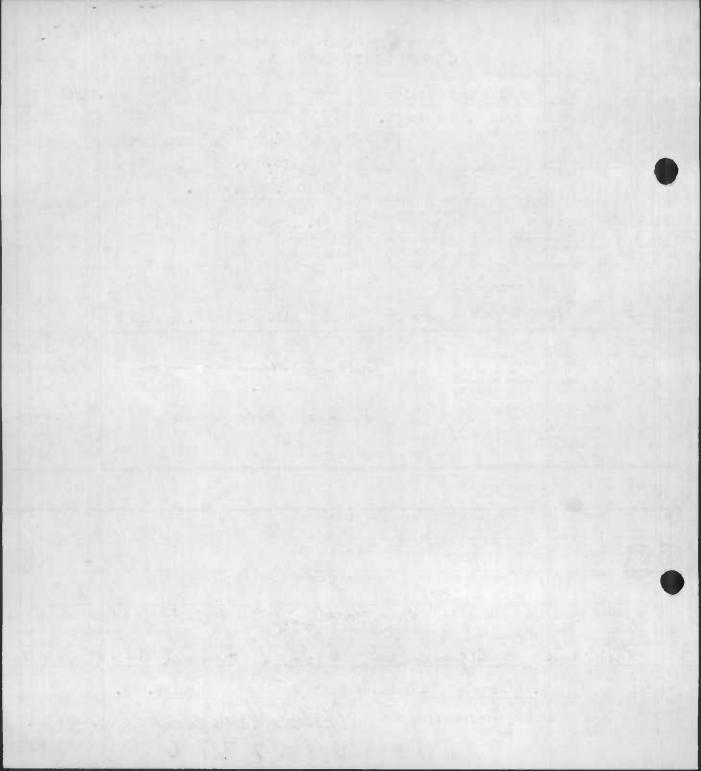
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7390 Registered No.

1. NAME OF D (Type or Print)		WIIF GO	S.m.		2. DATE OF DEATH AUG	. 23, 1951
B. FULL NAME	City, Maryland 🖴	44 G T	on, give street address or	A. STATE	NCE (Where deceased lived, B. COUNTY	If institution: residence before admission)
HOSPITAL OR INSTITUTION	2044 T. Ped	ieral St	location)	c. CITY OR TOWN		its write RURAL and i wood township
a Longth of a	stay in Baltimore		Yrs. Mos.		ss (If rural, give location)	
5. SEX	6. COLOR OR RACE	7. SINGLE	Days Days	LO DATE OF BIRTH		II Under 1 Year If Under 24 Hours
12	W	WIDOW	ED, DIVORCED (Specify)	Oct. 20, 186	last birthday) A	Ionths Days Hours Min.
	CCUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAI	DEN NAME	
Co	rl Meusel			Largaretha	Wurching	
15. WAS DECEAS Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS . onumant St.
DISEASE RISE TO TUNDERL'	Ire, asthenia, etc. It mea complication which complication which complication which complications are complicated as the complication of the complication of the complication complication complication of the death, but	aused death SES F ANY, GIVIN STATING TH ST. TIONS CON	(B)		lo-rascular disease	
TO THE D	SEASE OR CONDITION	CAUSING I	Г.			
1 19A. DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		YES NO
LYING OF		about home, f	CE OF INJURY (e. g., arm, factory, street, office bldg.,	etc.) INJURY OCCUP	27	
P. TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		INJURY OCCUR?	
		900	WHILE AT NOT WHILE	1 1		
deceased a	by certify that att	ended the	deceased from 27	red at 1 '5 Am.,	to 23 blug, 18 from the causes and on	51, that I last saw the the date stated above.
23a. SIGNA	John No	Dann	aby M.D.	1531 E 110	ethe loc	23 lug5
24A. BURIAL. TION, REMOVAL	8/25/5		t. Divet	Cem.	381 more, 1d	•
DATE RECEIVE	RAR REGISTRAR	SIGNATU	Millians, M.	Am. J. Tuckn	er 1 Sons hu	Ballo md
VS 150						930





BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) ANIVA STARR ELIZABETH August 22, 1951 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF Control of not in hospital or institution, give street address or HOSPITAL OR location) Maryland C. CITY OR TOWN (If outside corporate limits watt RURAL and give INSTITUTION Baltimore Baltimore City Morgue D. STREET ADDRESS (If rural, give location) Mos. 295 Spring Court th of stay in Baltimore Days 6. COLOR OR RACE SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | 16 Soder | Year | 17 Under 24 H as last birthday) | Months: Days | Hours: Min. It Under 24 Harris Female White AUC. SINGLE 10A. USUAL OCCUPATION (Give kind of polytope of use about the construction) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY WHAT COUNTRY CENERAL WORK. BALT, MORE MILL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL STARK. DUNNING KO5 F 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no or naknown) NONF MARCARET MORGAN SPRING CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of the breast (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 20 AUTOPSY? 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING [CAUSE OF DEATH.

210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

INJURY WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes X, accident \(\), suicide \(\), homicide \(\), undetermined \(\).

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

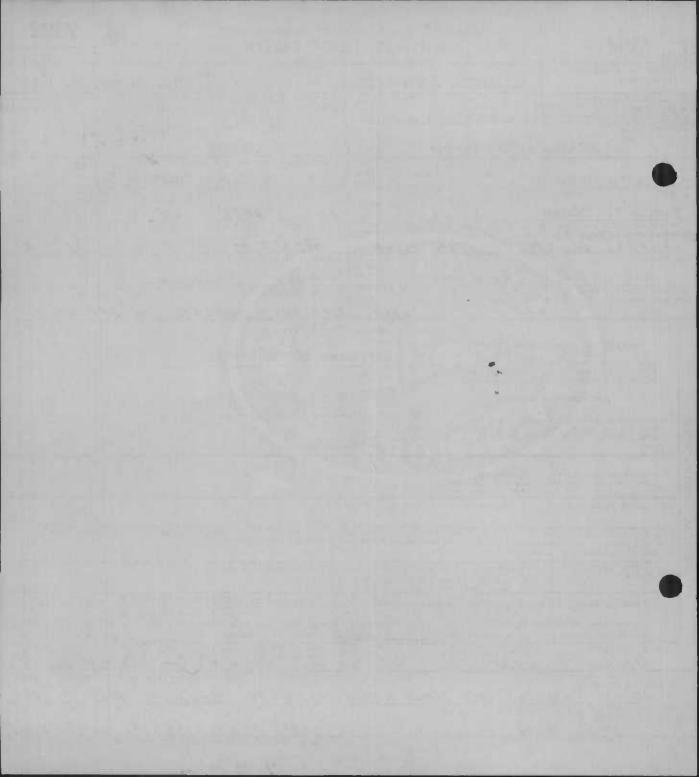
HOLY REDEEMER CEM FUNERAL DIRECTOR

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 11051

1800 ELOMBARD

V S 151

BURAL



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

-	MANUE OF F	FOFACEO					
	NAME OF E		y F. Ba	bylon		2. DATE OF OEATH August	22, 1951
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE (\) A. STATE		
В.	FULL NAME		al or institut	ion, give street address or location)	Marylan		. 17
	STITUTION	3100 % 0	-2 J C			f outside eorporate Minits,	township)
-6		1420 E. C	ora shr	ing Lane	Baltimo:		4
c.	Length of s	tay in Baltimore	48 yea	36		Cold Spring I	Lane
5.	Male	6.COLOR OR RACE White		E, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) II to	Inder 1 Year Hours Hours Hours Min.
worl	A. USUAL OC doneduring most lechanic	CUPATION (Give kind of of working life, even if retired)	Machin	of BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or f Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S	NAME		-	14. MOTHER'S MAIDEN N	IAME	
J	Jriah J.	Babylon			Ellen Koont	Z	
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	D FORCES? as of service)	16, SOCIAL SECURITY NO.	17. INFORMANT Benner Babylon	908 Argonne	Dress Drive
	1B. /5	4× .		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(This does heart failt	SE OR CONDITION LEADING TO DEA's not mean the mode of the control of the complication which is the compl	TH of dying, e. g ns the diseas	(A) Con	cinoms of	Return , car)	Several month.
		ANTECEDENT CAUS	ES	/ 2 =	2		
MOIL	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	(B) G E DUE TO	anyone		
ICA				(C)			
CERTIF	TRIBUTING	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D GAA. TO X	Ceant failure	-ausinol	1
_			THE RESERVE OF THE PARTY OF	FINDINGS OF OPER			20. AUTU-577
DICA	214 (CCIE	DENT WAS UNDER	218 PLA	CE OF INJURY (c. g., i	n or 21c. WHERE DIO (If in Baltimore City, gi	YES NO
MED	LYING O	R CONTRIBUTING DEATH	about home, f	arm, factory, street, office bldg	INJURY OCCUR?	,	70 01110 10110 10111
-	TIME INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
			m.	WORK NOT WHILE			
		y certify that I att	ended the	deceased from	8-20 195/to		that I last saw the
	deceased a	live on 0	_, 19	and that death occur	red at 7 - (.m., from t	the causes and on the	e date stated above.
	hu	etus & he	telle		ow. munde	ion S.	8 -3 /
24 TI	A. BURIAL, ON, REMOVAL (S	CREMA- 24B. OATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town, o	or county) (State)
	Burial	Aug. 25		Meadow Branc	ch Car	rroll Co., Mar	yland
	ATE RECEIVE			RE ALLA, MES	25. FUNERAL DIRECTOR		AODRESS
4	UG 241	951	47.///	- Julyan	Burgee Funeral	lome 3631 Fa	alls Road
	VS 150			مدر . مدر	Horace F. K	mageer 8	460

dr. Euther G. Little 10 % Maderon are Je. 6404

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51.	7394
BIRTH	NO.

51 7201

51	739)4	BAL		CITY HE	OF DEAT	MENI LI Reg	istered No	1004
BIF	RTH NO.			CERIII	·ICATE	OF DEAT	П	2500200 2102	
	NAME OF D	ECEASED	Tames	B.	yn	iffith	2. DATE OF DEATH	8.23	.51
	Baltimore (EATH: City, Maryland		100		4. USUAL-RESIDI	ENCE (Where decease	ed lived, 1f instit	ution: residence before admission)
	ULL NAME	/	ospital or institution		t address or location)	c. CITY OR TOWN	UMU/W	orate imite sudi	te WURAL and give
INS	TITUTION	Ina	Hospi	tal		190	ulmore	1 %	township)
c.]	Length of s	stay in Paltimor	e Li	le	Yrs. Mos. Days	o. STREET ADDRE	7 War	ry er	enue
5-4	Male	Soul And		MARRIED, ED, DIVORC	ED (Specify)	S. PATE OF BIRTH		n years If Under thday) Months	Days Hours Min.
10A work	MSUAL OC	CUPATION (Give king life, even if ret	ind of 10s. KIND		S OR	11. BIRTHPLACE (State or foreign country		NITIZEN OF
13.	FATHER'S I	NAME / Gr	Sleth	- qua	1	14. MOTHER'S MA	JASMIN NAME	1	6. Q. W.
15. (Yes),	WAS DECEAS	ED EVER IN U. S. Al	RMED FORCES?	16. SOCIA SECUR	ITY NO.	IV INFORMANT	(Shelleth)	3847 D	es Junery are
	(This does	SE OR CONDITION LEADING TO Be not mean the moure, asthenia, etc. It	DEATH ode of dying, e. g.	, (A)	Co	OF DEATH /	notoris	(0	NTERVAL BETWEEN
ICATION	DISEASE RISE TO 1	complication which antecedent C S OR CONDITION THE ABOVE CAUSE YING CONDITION	AUSES IS, IF ANY, GIVING (A) STATING TH	(B) G E OUE TO	Prole		site sto	mach:	(over)
CERTIFI	TRIBUTING	II SIGNIFICANT CO S TO THE DEATH, I	BUT NOT RELATED	·					
CAL	8.9.5	of operation /					ne of inotes		20. AUTOPSY?
MEDI		DENT WAS UNDE R CONTRIBUTING DEATH	1 . 1 . 1	CE OF INJU rm,factory,stre				ore City, give e	exact location)
	D. TIME INJURY	(Month) (Day) (Y	W	HILE AT	NOT WHILE	D 21F. HOW DID	INJURY OCCUR?		
	22 I hamal	as contifue that I	m.	work L	AT WORK	13 195	1/10 8-23	1951 th	at I last sam the
	deceased a	live on 8 - Z	3 , 195/. c	and that de	eath oceur	red at 950 am.	, from the eauses	and on the do	ite stated above.
		TURE TO	eph To	aler	M. O. 2	3B. ADDRESS 4	nai Hors	tal 23	c. DATE SIGNED
24 TIQ	NEREMOVAL (grema- specify)	1E 27-1951	MAN C	ZUON	RY OR CREMATORY	Daltimore	4 Co. 1/1	arellomo
	TE RECEIVE CAL REGIST		TAR'S SIGNATU	RE S		25. AUNERAL DIR	Jumeral J	mu 363	Talls land
	VS 150		0	93	308V	1 / 7	orace F. 12	urgee	46B
7347					**	100	1 / 3	6	

See Document File 51-7394 9/4/51

BALTIMORE CITY HEALTH DEPARTMENT

7 / 7330	CERTIFICATE	E OF DEATH	Registered	No.
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	e delle	2	2. DATE OF DEATH	22/1/5-1
a. Baltimore City, Maryland		4. USUAL RESIDENCE (V	here deceased lived, I B. COUNTY	f institution / residence before admission
B. FULL NAME OF (If not in hospital or institu	1411	c. CITY OR TOWN (If	outside corporate tim	ts. write RURAL and g v
INSTITUTION E HAS HOPKINS HOS	DITAIL	Dalter	not de	townsh p
	Yrs. Mos.	D. STREET ADDRESS / (If	rural, give location)	17-0-
c. Length of stay in Baltimore 5. SEX 16. COLOR OR RACE 7. SINGI	Days	42/1.	Noch	XX
	LE, MARRIED, WED, DIVORCED (Specify)	3/18/01	9. AGE (in years last birthday) M	onths Days Hours Min
10A. USUAL OCCUPATION (Give kind of work do not dring most of working the control of the control	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF
alperier 16	Wispaper	md.		W. S. A
13. FATHER'S NAME	. 10.1	14. MOTHER'S MAIDEN N.	AME A	A
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	Wzella x	Smil	W
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANT	HOPKINS HOSE	ADDRESS PITAL
18. 330X	CAUSE (OF DEATH	1	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		. / . /	. //	OMSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea	g., (A) 344.54	washing of	sung.	anes
injury or complication which caused deat	ch.) DUE TO			
ANTECEDENT CAUSES				34
DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED.	(B)		* *************************************	Δ /
UNDERLYING CONDITION LAST.				8 his
	(0)			APPENDED SECURIOR SEC
OTHER SIGNIFICANT CONDITIONS CO	N.			
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	IT.			
19a. DATE OF OPERATION 19B. MAJOI	R FINDINGS OF OPER	ATION		20. AUTOPSY?
	ACE OF INJURY (e. g., io, farm, factory, street, office bldg., e		f in Baltimore City,	
CAUSE OF DEATH	, tarm, tactory, street, outer mag., e	(c.) INJURY OCCUR?		
TIME (Month) (Day) (Year) (Hour)	2 IE. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
m.	WHILE AT NOT WHILE		, / 	
22. I hereby certify that I attended the	c deceased from A	22 ,19. 1, to		L, that I last saw the
deceased alive on 22, 195/		38. ADDRESS		he date stated above.
E. S. Wing L	R M. D.	JOHNS HO	PKINS HOSPITA	48-23-51
ZGA. BURIAL, CREMA- 24B, DATE TON, REMOVAL (Specify)	24c NAME OF CEMETER	RY OR CREMATORY 24D. L	OCATION (City, Jown	, or county) (State)
Dunal 8/26/51	Klasan	I Clest K	DALLO	'ma'
DATE RECEIVED BY REGISTRAR'S SIGNAT		25. JUNERAL DIRECTOR	Kalla.	ADDRESS
	BULLA, MA	see; &	Misson	24/000
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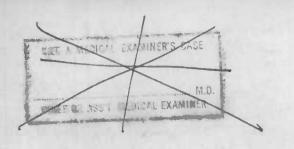
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	1-1	73	96	
81	RTH	NO).	

7396	BALTIMORE CITY HE CERTIFICATE		Registered No	1 7396
1. NAME OF DECEASED			2. DATE	
(Type or Print) Florence	Distiona.		OF DEATH	24/5-1
3. PLACE OF DEATH: A.Baltimore City, Maryland	8	4. USUAL RESIDENCE		stitution : residence before admission)
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION .	institution, give street address or location)	c, CITY OR TOWN (I	f outside corporate limits	write RURA (, and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (18	rural, give/location	7
	WIDOWED, Description (Specify)	Nev 4/1892		nder l Year R Under 24 Hours ths: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	Page Co.	oreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Charles Je	ukeris	14. MOTHER'S MAIDEN N	18 might	u -
15. WAS DECEASED EVER IN U.S. ARMED FOR Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.	ing, e. g., ne disease, d death.) DUE TO Y, GIVING	commy occ abelts CERTIFICA	ATION APPROVED B	Jean
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE OISEASE OR CONDITION CAL	RELATED	Stanle	H- Duen	colon
19A. DATE OF OPERATION 19B. I	MAJOR FINDINGS OF OPER	ATION CHIEF UK	place of the second	YES NO
	1B. PLACE OF INJURY (e. g., in put bome, farm, factory, street, office bldg., e		If in Baltimore City, giv	e exact location)
D. TIME (Month) (Day) (Year) (House INJURY	ur) 21E. INJURY OCCURRE MHILE AT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that Pattend		19-, to		that I last saw the
deceased alive on 8/2 4, 19 23A. SIGNATURE	ed the deceased from 5/. and that death occur Rin PAR D. 2	3B. ADDRESS	the causes and on the	date stated above. 23c. DATE SIGNED
24A. BURIAL CREMA- TION, REMOVAL (Specify) BURIAL SPECIFY BY ATTEMPT A 1951 ATTEMPT A 1951 ATTEMPT A 1951 ATTEMPT A 1951	1 national &	Beneley B 25. FUNERAL DIRECTOR Vm. Cook nc.	alterore	many Good ADDRESS J
NO 150	11111 2112,112			

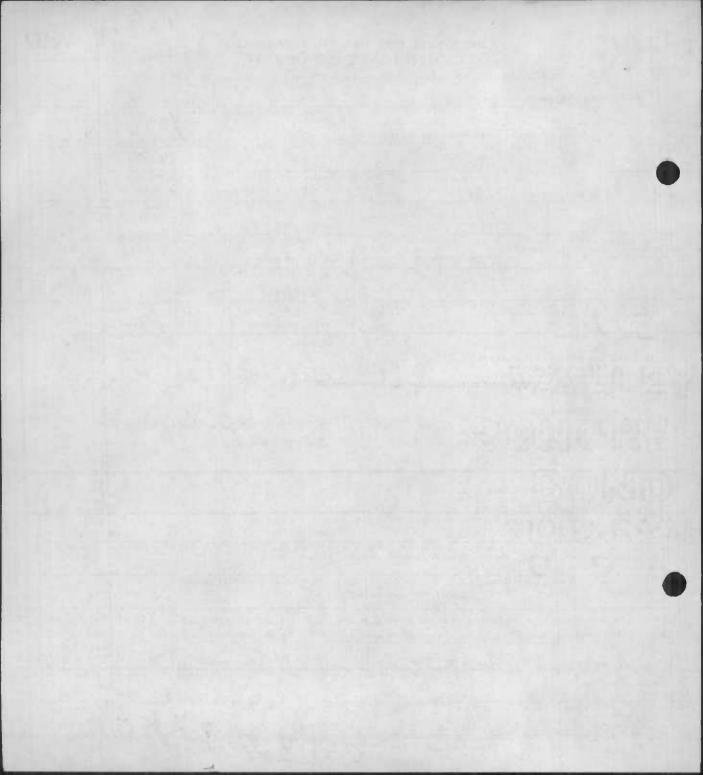
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BALTIMORE CITY HEALTH DEPARTMENT

Registered No .__ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3. PLACE OF DEAT GARDNER DEATH8 /23/5] MEEDIN 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, white RURAL and give C. CITY OR TOWN INSTITUTION township) 712 WOODYEAR PATTIMODE Yrs. D. STREET ADDRESS (If rural, give location) Mos. 712 WOODVEAR STREET c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Your WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? RAT.TIMORT ID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MAGGIE FITCHETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 216-10-9454 TIT BIPDDV CT RIPAMOR DITHI(C) 7971 18. INTERVAL BETWEEN CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ONSET AND DEATH Myocardial Farlure Hypertensive Cardio vasants LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO LAUIL UNDERLYING CONDITION LAST. 11 CERTI OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING sbout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from July 25, 1951, to Angust 23, 1951, that I last saw the deceased alive on serent 231951, and that death occurred at 1 350 m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) REGISTRAR'S SIGNATURE ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR Williams, 16

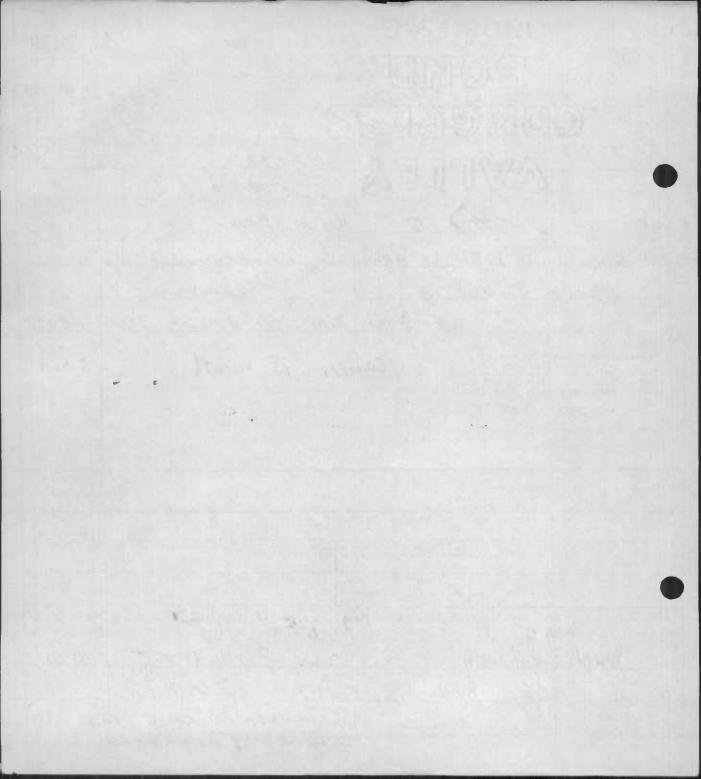


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BIRTH	NO.

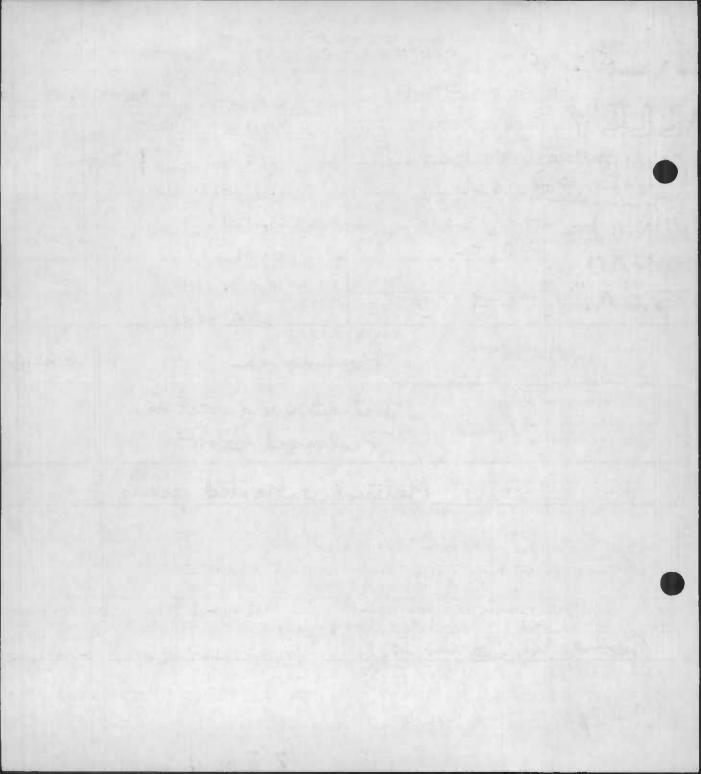
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7398

(T	ype or Print)	ANT	ON SU	10BADA	4		OF DEATH CLEE	123,1951
	PLACE OF E	City, Maryland	2599	Range		. USUAL RESIDENCE (Where deceased lived.	stitution: residence before admission;
В.	FULL NAME		ital or institution	n, give street addres		MD.	01	7/
IN	SPITAL OR			locati	on) c	CITY OR TOWN (1	f outside corporate Hinty	write RURAL and got township
_						12ALTO.	and a section is	
				/ A M		STREET ADDRESS (If	rural, give location)	
C.	Length of s	stay in Baltimore T6.COLOR OR RACE	1 7. SINGLE.		tys	DATE OF BIRTH	19. AGE (In years)	Under 1 Year If Under 24 Hours
1	MALE	WH ITE	WIDOWE	D, DIVORCED (Spe		AY 21,1884		ntlis Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind	I 108. KIND	OF BUSINESS OF	11	BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
2	TIRED I	BLACK. TMIT	1 DIETA	RICK BRO		Crackerse	evalin	21.50
13	FATHER'S	NAME	57	the (m)		. MOTHER'S MAIDEN N	AME	
		ANTON ,	SUOBA	DA		Unile	nown.	
15	S. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL	17	.INFORMANT	AI	DDRESS
(10	s, no or deamown,	(11 300) 8110 1101 01 00		SECURITY NO	1 /	YARV KE	SER. DG	HT. ABOVE
- whole	18. 14	44 .			E OF	DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTLY	_		C .	M	
	(This doe	s not mean the mode	of dying, e.g.,	(A)	anc	er of mo	n74	2 mos
	heart fuilt injury or	ure, asthenia, etc. It me complication which	eans the disease, caused death.)	DUE TO		- (
		ANTECEDENT CAL	JSES					
z				(B)			***************************************	
LIOIT	RISE TO	S OR CONDITIONS,) STATING THE					
CA.	UNDERL	YING CONDITION	AST.	(C)			***************************************	
FIC								MANAGEMENT OF THE PARTY OF THE
ERT		SIGNIFICANT CONI						
CE	TRIBUTING	G TO THE DEATH, BU	T NOT RELATED N CAUSING IT.					
	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF O	PERAT	ION		20. AUTOPSY?
CA						1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	70 1 10 111	YES NO
EDI		DENT WAS UNDER- PR CONTRIBUTING DEATH		E OF INJURY (e. m,factory,street,office b	g., in or ldg.,etc.)	21c. WHERE DID INJURY OCCUR?	If in Bultimore City, a	rive exact location)
2	TIME INJURY	(Month) (Day) (Yea	r) (Hour) 2	IE. INJURY OCCL	RRED	21F. HOW DID INJUR	Y OCCUR?	
	INJURI			NOT WE AT WO				
	22. I herei	by certify that I a		1	Ma	15 195/, to	24021 195	t, that I last saw the
		live on aug 15		nd that death of	1	A ES	1 4	he date stated above.
	23A. SIGNA		j.		238	ADDRESS	110 14	23C. DATE SIGNED
-0.000		toseph re	Kornn	M.D.		2200 E VI	adisany	8/24/5/
Z TI	ON REMOVAL	Specify) 24B. DATE	1 24	4C. NAME OF CEM	ETERY	OR CREMATORY 24D. I	OCATION (City, town.	or county) (State)
	BUKIA	L 1271	5/ 1/	TOLY REL)EE	MER DE	LUSIKIN.	
	ATE RECEIVE	TRAR REGISTRA	S SIGNATUR	RE		SHIMERAL DIRECTOR	MERAL H	ADDRESS ONE INC
Δ	UG 241	35	afor 1/14	lauld, Af			- 6	
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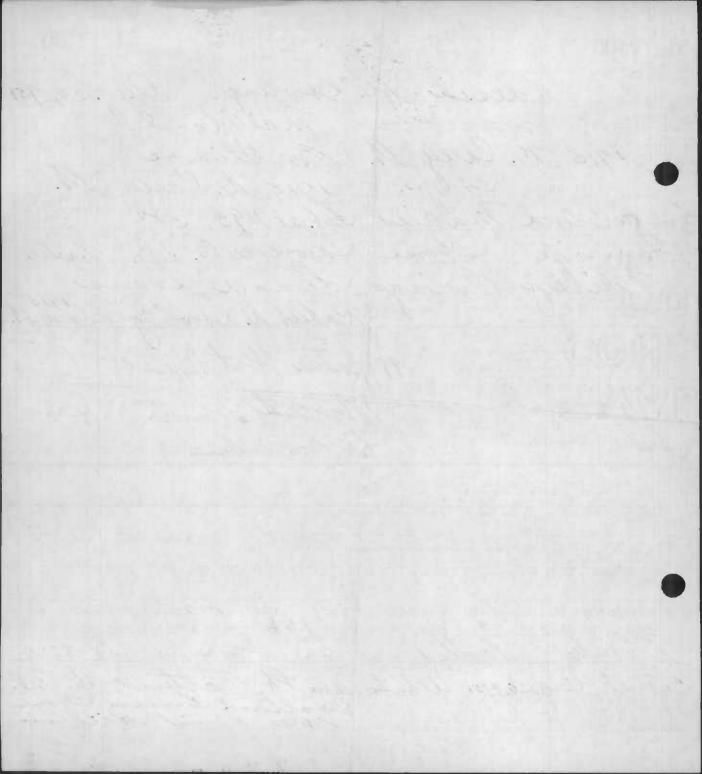


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1 7395 BIRTH NO.	51-19051		TIMORE CITY HE	E OF DEATH	Registered :	01 7399 No	
1. NAME OF DE (Type or Print)	ECEASED	Richem	d_Cevis		2. DATE OF	c+ 07 3053	
3. PLACE OF DE	EATH:	Ittonat	06419	4. USUAL RESIDENCE (W	B. COUNTY	institution: residence before admission)	
B. FULL NAME (HOSPITAL OR INSTITUTION			on, give street address or location)	Maryland c. CITY OR TOWN (If	Harford outside corporate limi	ts, write RURAL and give township)	
0	he Johns Hop	kins Ho	Spital Yrs. Mos.	Street D. STREET ADDRESS (If r	rural, give location)	7 2 6 0	
	ay in Baltimore 6. COLOR OR RACE		Days , MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		If Under I Year If Under 24 Hours on the Days Hours: Min.	
Male	Negro	Si	ngle of Business or	August 15, 1951		12. CITIZEN OF	
Infant		_	INDUSTRY	Maryland 14. MOTHER'S MAIDEN NA	ME	WHAT COUNTRY	
	n Dorsey	FORCES	16. SOCIAL	mannah E. (
(Yes, noter unknown)	(If yes, give war or date	of service)	SECURITY NO.	Hospital H		DDRESS	
(This does heart failur injury or DISEASES RISE TO THE UNDERLY OTHER SITE TRIBUTING	E OR CONDITION LEADING TO DEAT not mean the mode of the complication which conditions, in the condition of the complication of the complication which complication was a complicated to the complication of the complication which complicates are complicated to the complication of the complication was a complicated to the complication of the complication which complicated the complication of the complication was a complicated to the complication of the	"H f dying, e. g ns the disease aused death. ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) III	emorga enterine in F olon ged lab	M A	6days	
19A. DATE OF	ENT WAS UNDER-	98. MAJOR	FINDINGS OF OPER CE OF INJURY (e. g., it	ATION or 21c. WHERE DID (II	f in Baltimore City,	20. AUTOPSY? YES NO	
PID. TIME (Month) (Day) (Year)		THE AT NOT WHILE WORK AT WORK	21F. HOW DID INJURY	OCCUR?		
deceased all	22. I hereby certify that I attended the deceased from 8-15, 1951 to 8-21, 1951 that I last saw the deceased alive on 8-21, 1951 and that death occurred at 6:15 An., from the causes and on the date stated above. 23A. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED 23C. DATE SIGNED						
24A. BURIAL, C TION, REMOVAL (SI	pecify		4c. NAME OF CEMETE	RY OR CREMATORY 24D. LC	OCATION (City, town		
DATE RECEIVED LOCAL REGISTE	BY REGISTRAR	1 16/15.	RE aus, lie	25. FUNERAL DIRECTOR		ADDRESS	
VS 150	- 0	;	5	00738	A	160 €	



CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived, If Astitution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS If rural Mos. c. Length of stav in Baltimore Days 5. 9EX 6. COLOR OR RACE If Under 1 Year Il linder 24 Hours DIVORCED (Months: Days Hours Min. last birtlyda 10A USUAL OCCUPATION (Give kind of 10B. KIND BUSINESS OR THPLACE (State or foreign country 12. CITIZEN OF ung most of working life, even if retired) INDUSTRY ou sewile 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (Yes, no or unknown) or dates of service) INTERVAL BETWEEN 18. 20.1 CAUSE OF DEATH ONSET DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY? 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION YES DICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about bome, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE WHILE AT WORK AT WORK 1951, to 8-22 , 19 5, that I last saw the 22. I hereby certify that I attended the deceased from. 1.15 Am., from the causes and on the date stated above 195/ and that death occurred at. 23B. ADDRESS 23A STGNATURE 24A. BURIAL, CREMA- 24B. DATE LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR waster a torn

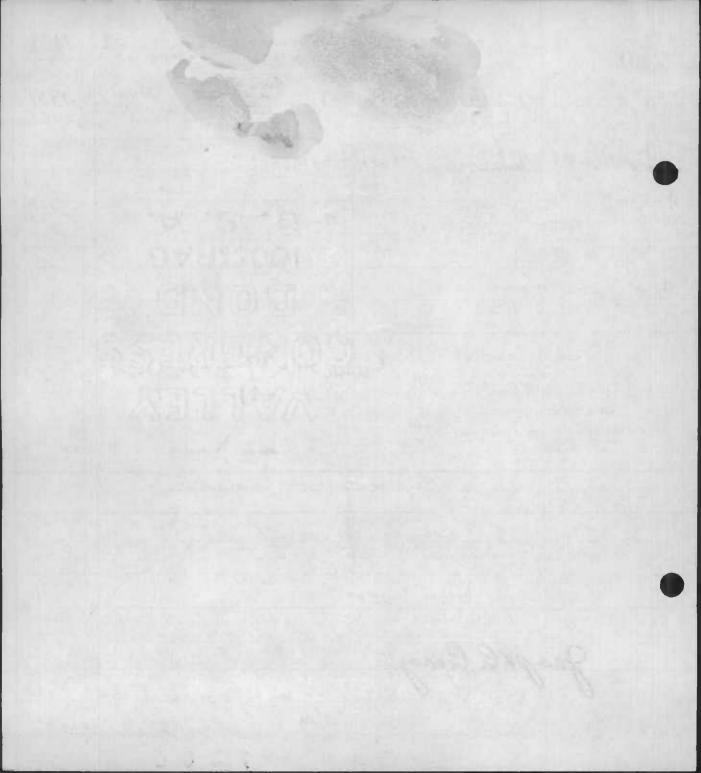
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4	563	BALTIMORE CITY HE	ALTH DEPARTMENT	51	7401
BI	IRTH/NO 1	CERTIFICATE		Registered No.	7-4(7)
(T	NAME OF DECEASED (ype or Print)	IAM LENHA		OF DEATH AUG 2	4,1951
A. B.		astitution, give street address or	4. USUAL RESIDENCE (WA. STATE	B. COUNTY	before admission)
	OSPITAL OR ASTITUTION AS HOLD	ins Floation	SOMERSET	outside corporate limits, wri	ite RURAL and give township
c.	Length of stay in Baltimore	Yrs, Mos. Days	D. STREET ADDRESS (If	rnral, give location)	
5.		INGLE, MARRIED, IDOWED, DIVORCED (Specify) MARRIED	7-30-77	9. AGE (In year, lf Under last birthday) Months	
10 vorl	DA. USUAL OCCUPATION (Givekind of 10B. k done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
13	ABE LENMART		MARY BA	IRROY	
15 (Ye	3. WAS DECEASED EVER IN U. S. ARMED FORCE, no or unknown) (If yes, give war or dates of services, no or unknown)		17. INFORMANT	ADDR	ESS
Z	DISEASE OR CONDITION DIRECTION OF ACTION OF ACTIONS TO DEATH (This does not mean the mode of dyin heart failure, asthenia, ctc. It means the injury or complication which caused ANTECEDENT CAUSES	g, e. g., (A)duddisease, death.) DUE TO	einour 1 %	ophagus	6 Mss
CATION	DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.				-
CERTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT F	ELATED	Errest, Inam	tian.	
EDICAL	8-4-51 C	AJOR FINDINGS OF OPER. Lesphages B. PLACE OPINJURY (0. a., in	Dionerable.	f in Baltimore City, give	20. AUTOPSY/ YES No []
MEDI	LYING OR CONTRIBUTING Abou	t home, farm, factory, atreet, office bldg., e	w.) INJURY OCCUR?		
	TIME (Month) (Day) (Year) (House	m. WHILE AT NOT WHILE MORK AT WORK		r occurr	
	22. I hereby certify that I attended deceased alive on \$24,19	, and that death occur	rcd at 3 m., from to	he causes and on the de	at I last saw the ate stated above.
2.	4A. BURIAL, CREMAY 44B. DAVE	a. Cauron M.D.	Oalus Rosale	in Baso.	8-24-51
TI	ON, REMOVAL (Specify)	Testasvil	6 Pa Su 25 FUNERAL DIRECTOR	murst 60	Pa

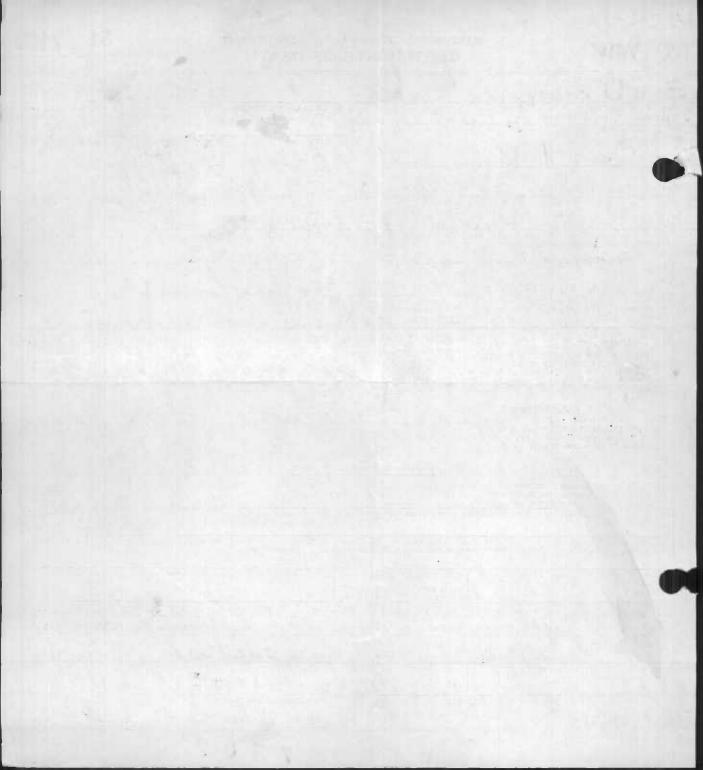
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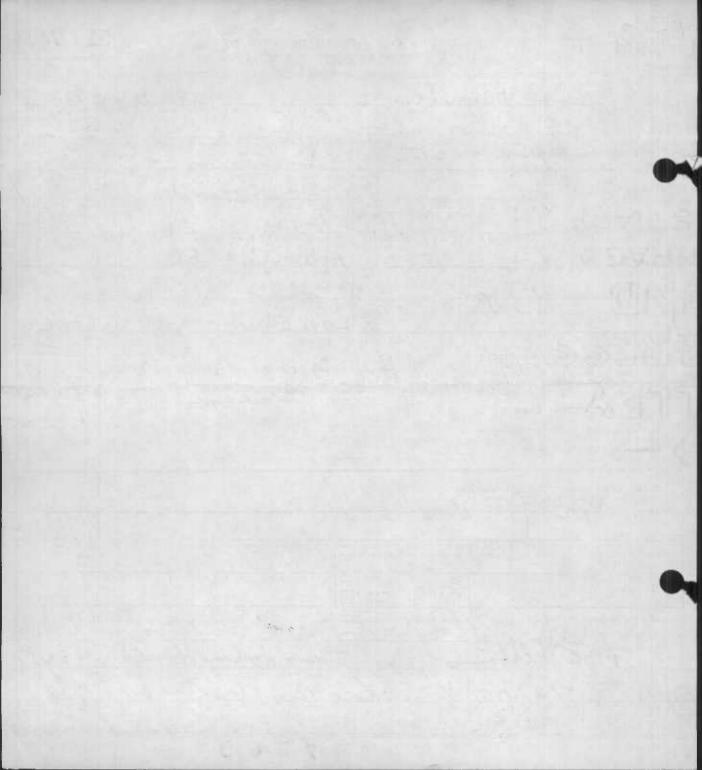
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, I institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits write BURA); and give C. CITY OR TOWN INSTITUTION (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | Monder | Year | ff Under 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF ork doue during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Wit minny 15. WAS DECEASED EVER N U. S. ARMED FORCES?
(Yes, po, or unknown) | (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. NTERVAL BETWEEN CAUSE OF ONSET AND OFATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING about home, ferm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! WHILE AT AT WORK 8-23 , 1951, that I last saw the 195/. to_ 22. I hereby certify that I attended the deceased from_ 1951, and that death occurred at 10 50 Pm., from the causes and on the date stated above. deceased alive on 3,33 238. ADDRESS

23A, SIGNATU

24c, NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR RECEIVED BY

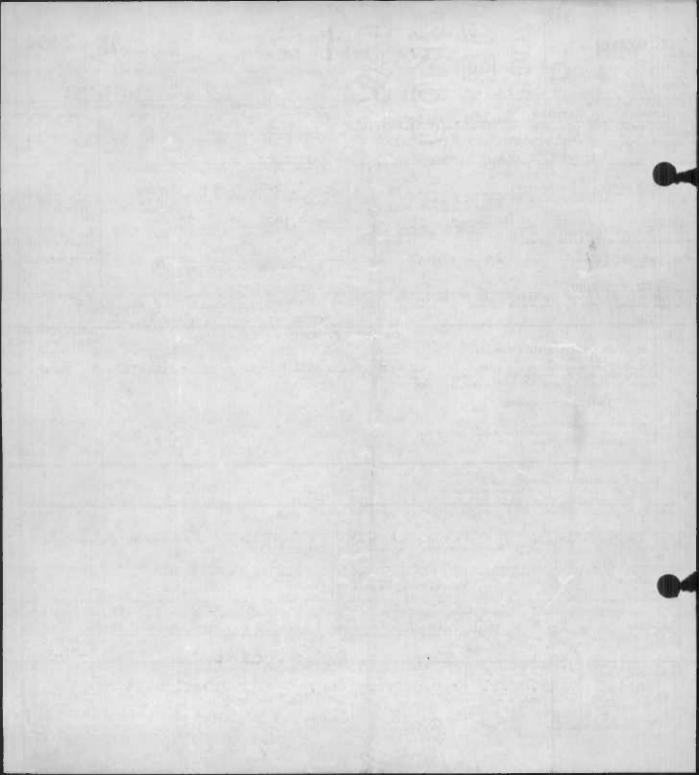
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BIRTH NO.	

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) I - Thomas	-M-1		CERTIFICAT	TE OF DEATH	Registered	No.
BIRTH NO.						
Type or Print)		Т	т .		2. DATE OF	00 0 0
		ra Lee	Jackson		DEATH AUG.	
B. PLACE OF D	City, Maryland	Balto.	. City	4. USUAL RESIDEN	ICE (Where deceased lived, I B. COUNTY	f institution : residence before rumission)
. FULL NAME	OF (If not in hospi	al or institut	tion, give street address	or Marvlar		
NSTITUTION	Baltimor	e City	Hospitals ocation	c. CITY OR TOWN		its, write RURAL and give
	4940 Eas			Balti more	4	township)
	1770 -65	ACT II 44A	Yrs.		S (If rural, give location)	
Dength of s	tay in Baltimore		13 Yrs. Mos.	B C H JOLO	Eastern Avenue	
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
M 7 -	N		VED, DIVORCED (Specif			Min. Min.
Male	Negro	pepa	rated of Business or	Dec. 3, 1922	ate or foreign country)	Lio Citizen of
ork done during most :	of working life, even if retired	TOB. KINL	INDUSTR	tY	ace of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tahon 3. FATHER'S	er	In Ge	nerol	Ga.		U.S.A.
3. FATHER'S	NAME		12020	14. MOTHER'S MAIL	DEN NAME	
John Ja	ckson			Walter Day	is	
5. WAS DECEASE	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL			ADDRESS
NO OF UBEROWB)	(If yes, give war or date	on mi nervice;	SECURITY NO.	Records: 49	ltimore City Ho	spitals V
18. 00	2 X .	61.53	CAUSE	OF DEATH		INTERVAL BETWEEN
-	SE OR CONDITION	DIRECTLY				ONSET AND DEATH
(This does	LEADING TO DEA		For ad	wanged Pulmone	ry tuberculosis	5 Yrs.
heart failu	re, asthenia, etc. It mes complication which	ins the discas	se,	CA-COLLE CACACACACACACACACACACACACACACACACACACA	Thurst rettop to	angddec.bri.R
injury or	complication which	eaused deatz	a.) DUE TD			
	ANTECEDENT CAU	SES				
DISEASES	S OR CONDITIONS,	E ANY CIVIN	(B)	***************************************		
RISE TO T	HE ABOVE CAUSE (A)	STATING TH				
ONDERL	TING CONDITION L	151.	(C)			
OTHER S	II SIGNIFICANT COND	ITIONS CD	N a			
TRIBUTING	TO THE DEATH, BUT	NOT RELATI	ED			
			FINDINGS OF OPE	ERATION		20. AUTOPSY?
	9					YES NO E
21A ACCID	ENT WAS UNDER-	218. PL/	ACE OF INJURY (e. g.	in or 21c. WHERE DIE	O (If in Baltimore City,	
	R CONTRIBUTING		farm, factory, street, nffice bldg			
	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID I	NJURY OCCUR?	
INJURY			WHILE AT NOT WHIL	E		
		m.	WORK AT WORK		0.00	
	y certify that I at		000000000000000000000000000000000000000		to 8-22 , 195	
		_, 19_51	and that death occ		from the causes and on	
23A. SIGNA	(Man		23B. ADDRESS		23c. DATE SIGNED
	100	7	M. D.	4940 Eastern	Avenue	8-22-51
24A. BURIAL, (S	GREMA- 24B. DATE		24C. NAME OF CEMET	TERY OR CREMATORY	24D. LOCATION (City, tow	n, or county) (State)
Buria	al Aug. 20	5.51	Mt Calvery	Cem.	Brooklyn Md	
DATE RECEIVE		S SIGNATU	JRE	1 35 FUNERAL DIRE	CTØR .	ADDRESSA
1117 2 4 10	51 . tu	1.50 / Yol	hisable !-	Chow O. W	(laon_) on)	scanly W
VE 150				1	- 6 6	
VS 150			- 97	299 0 9	3 6 7	1200
			1 1			1000



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JOHN Henry **EDWARDS** DEATH August 21. 1951 4. USUAL RESIDENCE (Where deceased lived, If institution : regide 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland Maryland Balto City
(If not in hospital or institution, give street address or B. FULL NAME OF Maryland c. CITY OR TOWN location) (If outside corporate amits, w HOSPITAL OR INSTITUTION Mercy Hospital Baltimore D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days Brunt Street 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U COLOR OF RACE

Married

10B. KIND OF BUSINESS OR

Room

J. AGE (in years | | Under i Year | | Under 24 H uns last birthday) | Months. Days | Hours Mil

Oct. 26.191 11. BIRTHPLACE (State or foreign country)

Religh N.C.

Unkown

17. INFORMANT

Unkown 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO (Yes, no or unknown)

Lunch

19-09-2604 CAUSE OF DEATH

(A) Fatty liver....

Brooklyn N.Y. ADDRESS Bonnie Edwards 407Sluyvesant Ave

58 10 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Colored

10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH.

DUE TO

(B)

DUE TO

218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) NOT WHILE

AT WORK WORK

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

FUNERAL DIRECTOR

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and final Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased ded on the day stated above and death in my opinion resulted from: natural causes & accident | suicide | hemicide | undetermined 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 230. DATE SIGNLD

248. DATE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

26/1951 TE RECEIVED BY

Limited with 1 population 1960

Wyman Cemetary REGISTRAR'S SIGNATURE

Hamlet

August 21, 1951

before adminion

RE hALLinds

WHAT COUNTRY

INTERVAL BETWEE

DNSET AND DEATH

20. AUTOFS

(If in Baltimore City, give exact location

151

Male

NO

RTIFICATION

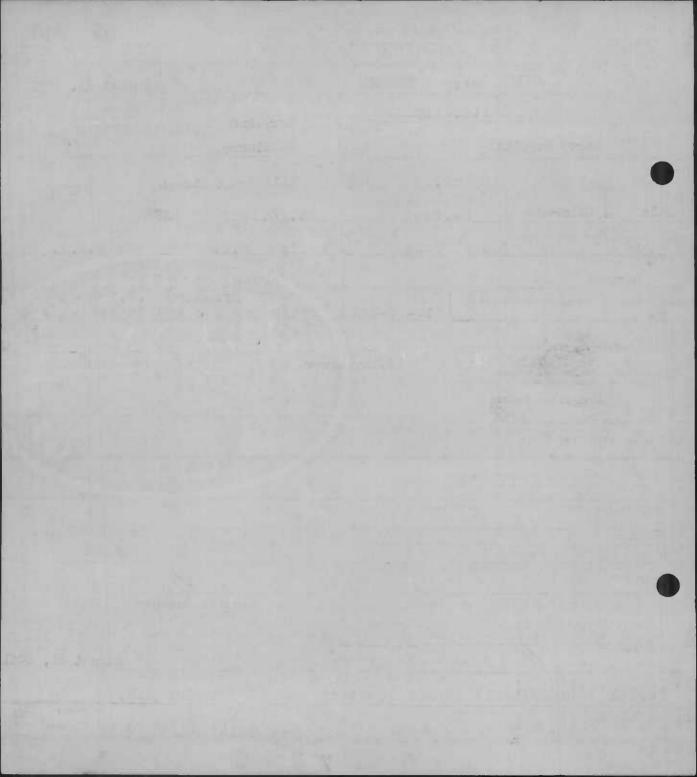
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13. FATHER S NAME

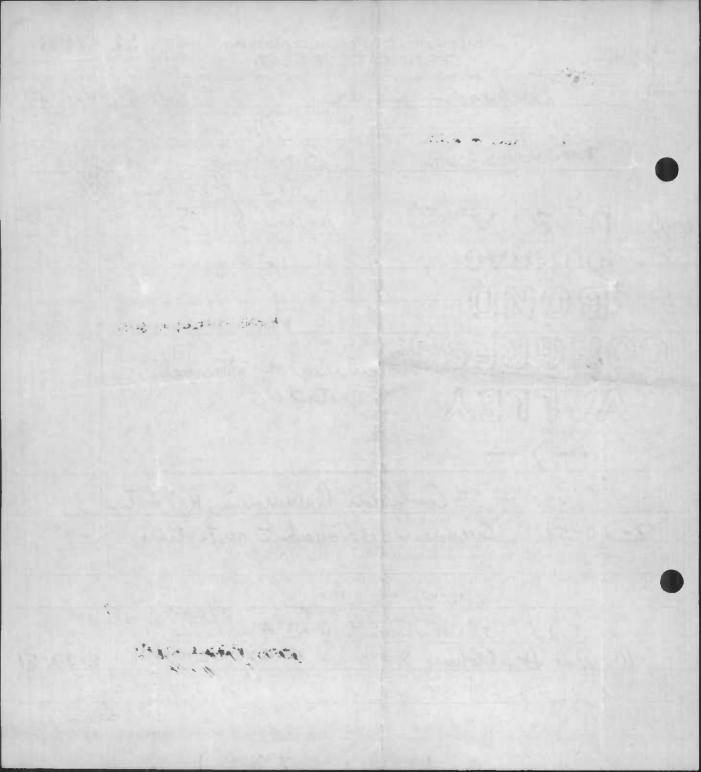
INJURY

23A. SIGNATURE

Burial



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED -2. DATE (Type or Print) 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland B. COUNTY before admission (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corpor te limits, write INSTITUTION JOHNS HOPKINS HOSPITAL Yrs. ADDRESS ural, give location) Moo. c. Length of stay in Baltimore Days 5. SEX MCOUDR OR RACE 7. SINGLE, MARRIED ACE (In years | H Under | Year | H Under 24 Hours la University day) | Months: Days | Hours: Min. Il Under 24 Hours WIDOWED, DIVORCED (Specify) USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? tarne 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMEO FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO JOHNS HOPKING HORDITAL 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. CERTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS 20. AUTUPS EDICAL 21B. PLACE OF INJURY (e. p), in or 2 about home, farm, factory, street, office hidgs, etc.) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NJURY AT WORK 22. I hereby certify that I attended the deceased from -, to_ deceased alive on X and that death occurred at. M., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDR 23c. DATE SIGNE 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) 5-51 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL AUDRESS LOCAL REGISTRAR VS 150



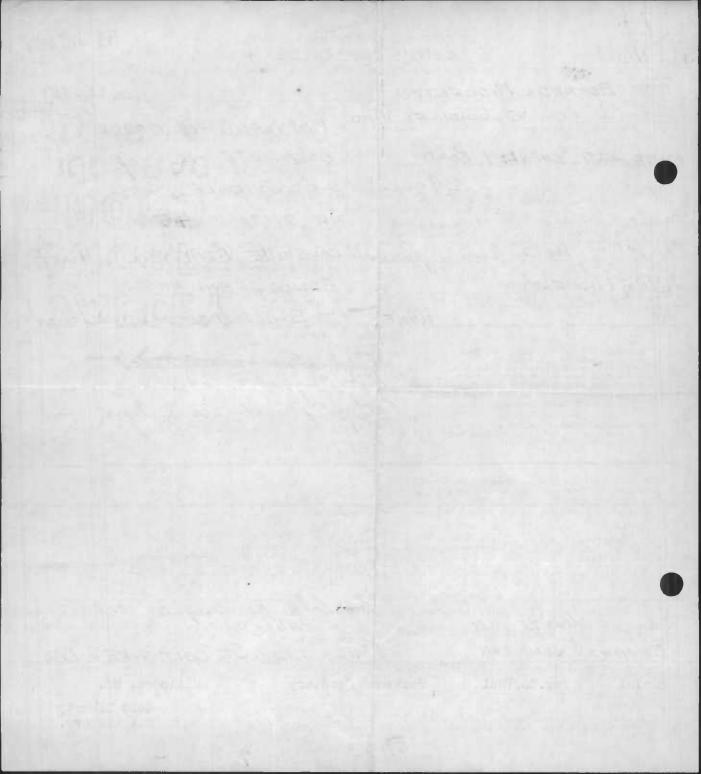
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE EDWARD L. MIDDELTON OF DEATH (Mg. 23,195/ 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland 4372 SCHENLEY A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or BALTIMORE HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAH and give INSTITUTION (-kownship) HEME -4512 SCHENEEY MOAD. Yrs. D. STREET ADDRESS (If rural, give location) Mos. year. Days c. Length of stay in Baltimore AGE (In years 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) male married 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign try) 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY Clery City Alba-lta Vecento 14. MOTHER'S MAIDEN NAME IRE MIDDELTON LDBIE NO ERSON. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO NO EDW. LMIDDELTON, 4502 SCHENLEY NONE 18. CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart fuilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bidg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH ID. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Set 6, 150, to alig 23, 1951, that I last saw the deceased alive on dug 2/ , 1957, and that death occurred at 444 5 km., from the causes and on the date stated above 23A. SIGNATURE 236. ADDRESS 23c. DATE SIGNED EDWARD S. JOHNSON 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY DR CREMATORY 240. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

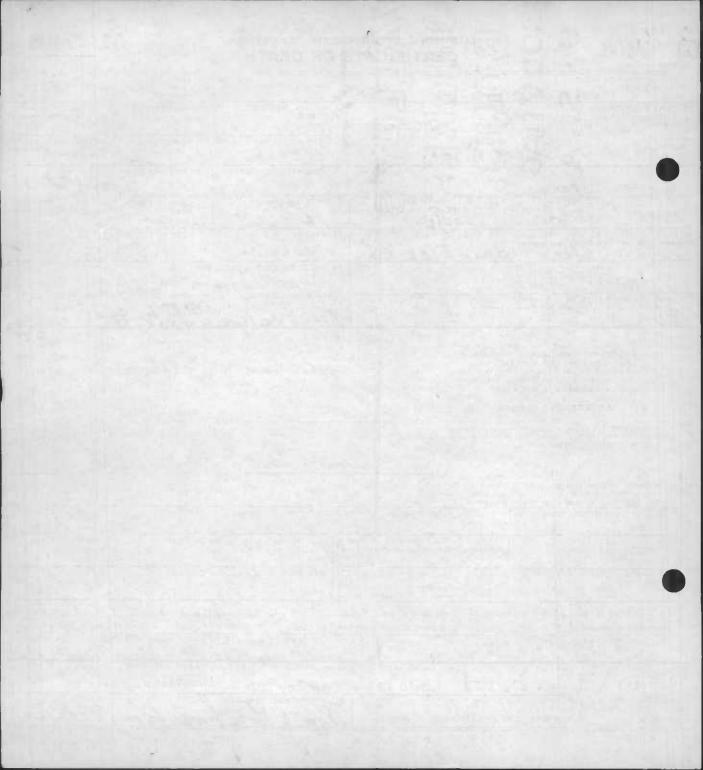
Aug. 25, 1951 REGISTRAR'S SIGNATURE Parkwood Cemetery

Baltimore, Md. FUNERAL DIRECTOR 4510 Liberty

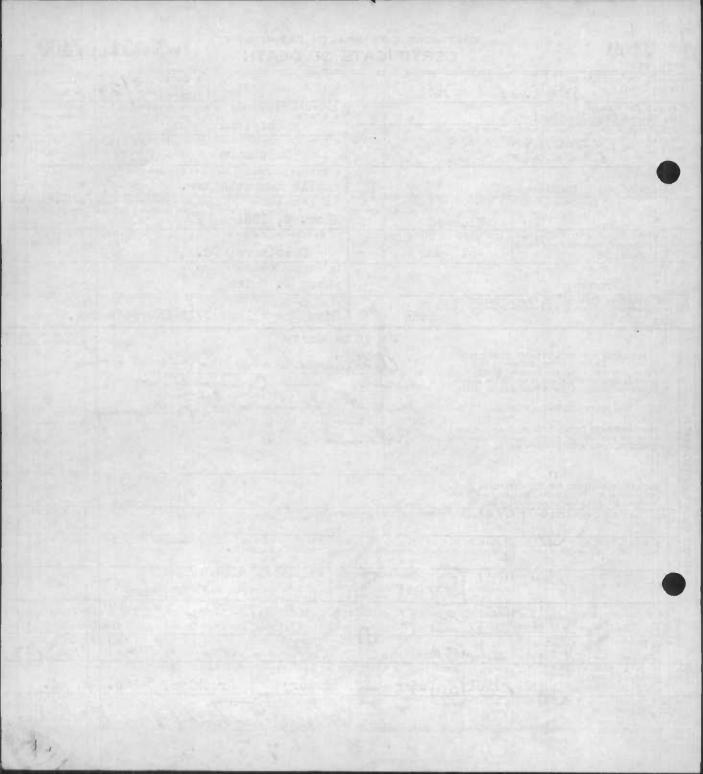
waster alon Hillealle, Mar noveau Heights Ave 10 VS 150



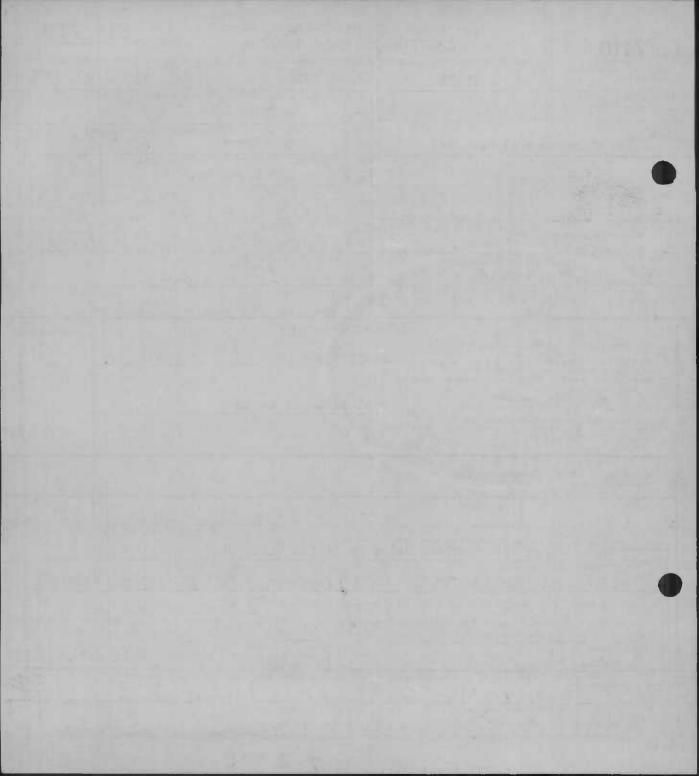
0	. 0						
5	00		BAL	TIMORE CITY HE	EALTH DEPARTMENT	51	7408
	74U8			CERTIFICAT	E OF DEATH	Registered No.	7300
1.	NAME OF DEC	RANKLIN AL	lonF:	- (MR.		2. DATE OF Aug 2	-3, 195-1
	PLACE OF DEA Baltimore Cit	TH:	1018 //		4. USUAL RESIDENCE (W		titution : residence before admission)
В.		0 /	al or instituti	on, give street address or location)	MARY/ANd	120 tin	19-10-
IN	STITUTION	VION MEM	ORIAL	Hospital	TOWSON	outside corporate limits, w	township)
		y in Baltimore		O Yrs. Mos. Days	944 Dal.	Tural, give location	yRd.
5.	MALE 6	WhitE	WIDOW	MARRIED. ED, DIVORCED (Specify)	DER 7, 1904	9. AGE (In years last birthday) Month	s 1 Year B Under 24 Hours s Days Hours Min.
10. work	A. USUAL OCCU	JPATION (Give kind of orking life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
	FATHER'S NA	CIERK	basi	Elec. Co.	MARY/AND	100	U.S.
	HARV	EY N. F			MARY VIRGIN	IA AllEN	
15 (Yes	O of unkoown)	EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	Mrs. Evelyn	P.Fito 944	Loulanes Volla
	18. 420	.0.		CAUSE	OF DEATH		INTERVAL BOWEEN
	DISEASE OR CONDITION DIRECTLY						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
CA		NG CONDITION LA			Eurselenti'	0. 4.1	
RTIF		11		(c) are	currellitu.	Kart Visin	
ERT		ONIFICANT CONDI					
Ö	TO THE DIS	EASE OR CONDITION	CAUSING I		PATION		20. AUTOPSY?
AL	19A. DATE OF	OPERATION	SB. MAJOR	FINDINGS OF OFER			YES X NO
EDICAL	21A. ACCIDEN HOMICIDE	T. SUICIDE, (Specify)		CE OF INJURY (e. g., i arm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
Σ	D. TIME (M	onth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	INJUNI		m.	WHILE AT NOT WHILE			
	22. I hereby	certify that I att	ended the	deceased from Au	13, 195/, to A	ug 23, 195%, t	hat I last saw the
			2, 19.57	and that death occur	rred at 10 Pm., from the	he causes and on the	date stated above.
	23A. SIGNATU	Il The	lson	M. D.	Beltinge 18	Maryland 1	Aug 24, 1951
24	N. REMOVAL (Spe	ecify)		24c. NAME OF CEMETE	D	ocation (Vity, town, or ikesville, Md.	county) (State)
	TE RECEIVED			Druid Ridge	25 FUNERAL DIRECTOR		DDRESS
1.0	ILC 2.410	AR Lordin	ton Mil	liance, M.	With Friet	Ener Home	Trallors
	VS 150	31		390 0		203	930
				7 6 50	TOO 7	3 , 0	1



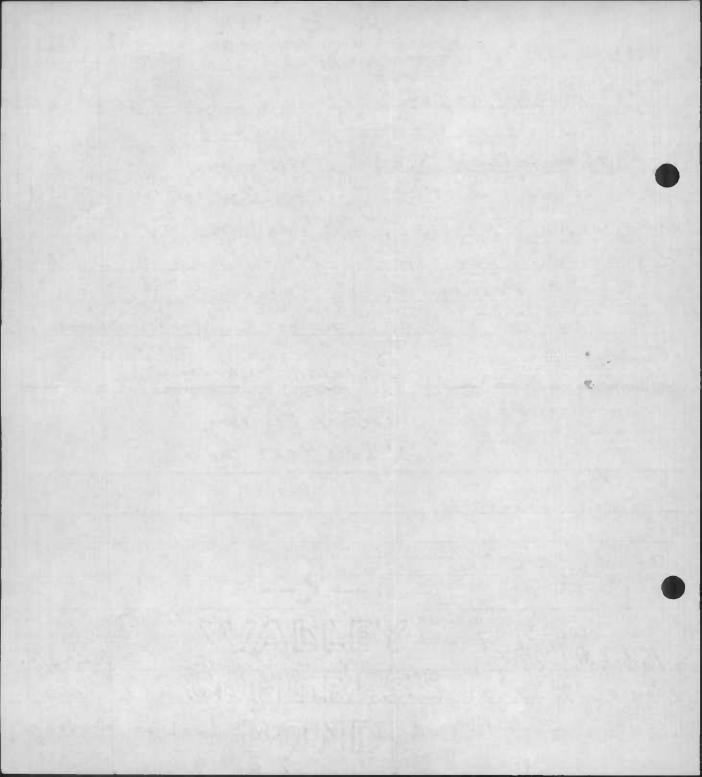
1	740 RTH NO.	9		TIMORE CITY HE	ALTH DEPARTMENT OF DEATH	Registered	1. 7409
1.	NAME OF ype or Print)		LLE	=N		2. DATE OF DEATH	124/51
A.	PLACE OF Baltimore	DEATH: City, Maryland			A. STATE Maryland	Where deceased lived. B. COUNTY	If institution: residence before admission)
B. HO IN	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit: LUTI+ERAN BALTIMO	1405	P. of Mocation)		- A1	mits, write RORAL and give
с.	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (1. 2712 Lauretta		
5.	SEX F	6.COLOR OR RACE	7. SINGLE WIDOW	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 8, 1881	9. AGE (In years last birthday) 69	Months Days Hours Min.
lo	A. USUAL O done during mon Housew	CCUPATION (Give kind of tof working life, even if retired) ife		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore,		12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN	VAME	
	?	Brooks		MARKET A. S. S. S.	Mary V. Smith		
15 (Ye	NO NO	SED EVER IN U.S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT Miss Mae Allen	2712 Lauret	ADDRESS ta Ave.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON.							
L		OF OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICA	HOMICIDE	(Month) (Day) (Year)	about home, f	CE OF INJURY (e. g., in arm, factory, etreet, office bldg., etc.) 21E. INJURY OCCURR WHILE AT ONT WHILE AT WORK	ED 21F. HOW DID INJUR		YES NO
	22. I hereby certify that I attended the deceased from and . 24, 1951, to any						
Z/ TI	AA. BURIAL. ON REMOVAL Buria	1 Aug 27	1951		Cemetery Br	coklyn, Balt	co. Co. Md.
D	AUG Z	TRAFS REGISTRAR	SSIGNATU	Migue M.	mm Juck	enertedom	At la au
	V S 150			9510	2 1 7 3	9 4	937



BIRTH NO. 4 10	CERTIF	FICATE	OF DEATH	Registered No.	7410
1. NAME OF DECEASED (Type or Print)	FRANK	В.	LYLES	2. DATE OF August	23, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived. If ins B. COUNTY	before admission)
B. FULL NAME OF (If not in hos HOSPITAL OR INSTITUTION Maryland Gene:		location)		f outside corporate limits, y	rib HURAL and giv township)
		Yrs. Mos.	D. STREET ADDRESS (I		
crth of stay in Baltimore		Days	409 Park		- 1 N 1 3 0-1 0 1 0
Male White	Surale	ED (Specify)	D. J. 9, 1874		er Year R Under 24 Hours Days Hours Min.
Work done during most of work in alife, even if reting		ESS OR INDUSTRY	Calver & G.	6 1	WHAT COUNTRYS
Richard L.	Lyles		Trances fr	reland	
15. WAS DECEASED EVER IN U. S. ARI (Yes, no or unknown) (If yes, give war or o		RITY NO.	Termie Tum	.0	derile rud
18. 19.3.		CAUSE C	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITIO LEADING TO D (This does not mean the moo heart failure, asthemia, etc. It injury or complication whice	EATH le of dying, e.g., (A) neans the disease,		fracture		ONSET AND DEATH
ANTECEDENT CA	USES	Contus	sion of brain		
DISEASES OR CONDITIONS OF THE ABOVE CAUSE ON UNDERLYING CONDITION	A) STATING THE DUE TO LAST.	>			
OTHER SIGNIFICANT CON					
	UT NOT RELATED				
TO THE DISEASE OR CONDIT	198. MAJOR FINDINGS	OF OPERA	TION		20. AUTOI SY?
1					YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRI	B. Carpenters Un	et, office bldg., et	.) INJURY OCCUR?	(1f in Baltimore City, give	exact location)
2 21D. TIME (Month) (Day) (Ye					/ >
lugust 23, 1951	10:05 Pm. WHILE AT X	AT WORK	Apparently fe	ll down steps,	(inside)
22. I certify that I took cl	large of the remains d	escribed at	ove, held an Autops,	Inspection or Inquiry	thereon and from
and death in my opinio	by said Autopsy, Inspe on resulted from: natu	ction or Ir	equiry, find that said of the	deceased died on the \square , homicide \square , und	eterm ned .
23A. SIGNATURE VOOTES		M.I		TOR Augu	ist 24, 1951
24A. BURIAL, CREMA- 24B. DATI TION, REMOVAL (Specify) Junear Quag 27	1951 all Sa		Y OR CREMATORY 24D.	LOCATION (City, town, or	ecunty) (Saite)
DATE RECEIVED BY REGISTRA LOCAL REGISTRAR AUG 251951			25. FUNERAL DIRECTOR	es + lone - m	entual, med
V S 151 N - 8 0 2	. 7 5 1	3 3 6	7395	186	ad



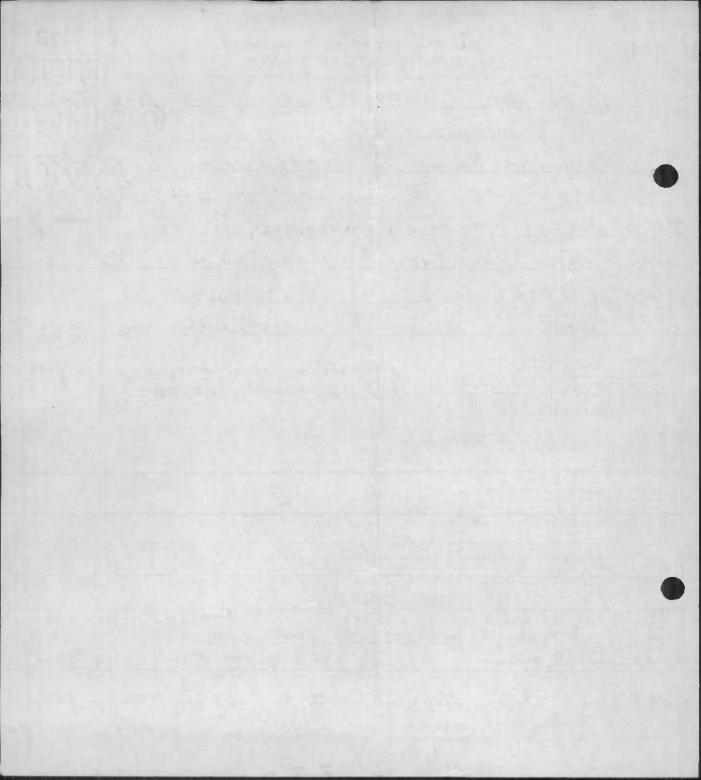
BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No
1. NAME OF DECEASED (Type or Print)	NA MARGARET	Itorn 2	DATE OF August 23 195
3. PLACE OF DEATH: A. Baltimore City, Marylar		4. USUAL RESIDENCE (When	e deceased lived. If institution: residence B. COUNTY before admission)
	hospital or institution, give street address or location)	MARVLAND	side corporate limits, write RURA and give
c. Length of stay in Baltim	nore Life Mos. Days		1. give location) 29E town Pord
5. SEX G.COLOR OR	RACE 7. SINGLE. MARRIED, WIDOWED, DIYORCED (Specify)		AGE (In years If Under I Year If Under 23 Hours last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Giv ork done during most of working life, even if	fretired) INDUSTRY	11. BIRTHPLACE (State or foreig	WHAT COUNTRY?
13. FATHER'S NAME	POMESTIC	14. MOTHER'S MAJDEN NAME	nd 14.5.A
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16. SOCIAL	MARGARET	4 7
Yes, no or unknown) (If yes, give was	r or dates of service) SECURITY NO.	Mildred Knich	1+ 3007 GEORYETOWN R
DISEASE OR CONDITION (This does not mean the heart failure, asthenia, etc. injury or complication w ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION	TION DIRECTLY DEATH mode of dying, e. g., It means the disease, which caused death.) CAUSES DNS, IF ANY, GIVING EE (A) STATING THE DUE TO	energ Embel ence Oslamio lis Vasculos	INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT C TRIBUTING TO THE DEATH TO THE DISEASE OR CONI	. BUT NOT RELATED		The second secon
19A. DATE OF OPERATION		ATION	20. AUTOFSY7 YES NO
21A. ACCIDENT WAS UNE LYING OR CONTRIBUTI CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	to.) 21c. WHERE DID (If in INJURY OCCUR?	Baltimore City, give exact location)
TIME (Month) (Day)	(Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE	2 IF. HOW DID INJURY OC	CCUR?
00 77 1 11 111 11	m. WORK L AT WORK L		3.9
deceased alive on the	Lattended the deceased from	, 100,	auses and on the date stated above.
23A. IGNATURE O	Tach M. D. 25	ADDRESS LLUS G	23c. DATE SIGNED
24A. BURIAL, CREMA- 24B. D	27 -1 1	RY OR CREMATORY 24D. LOCA	TION (City, town, or county) (State)
DATE RECEIVED BY REGISTAN	TRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
UG 25 1951 1 hours	the aton Williams, M.	GEORGEL. Schu	unb 2101 Frederick
VS 150	3	~_1	AUE



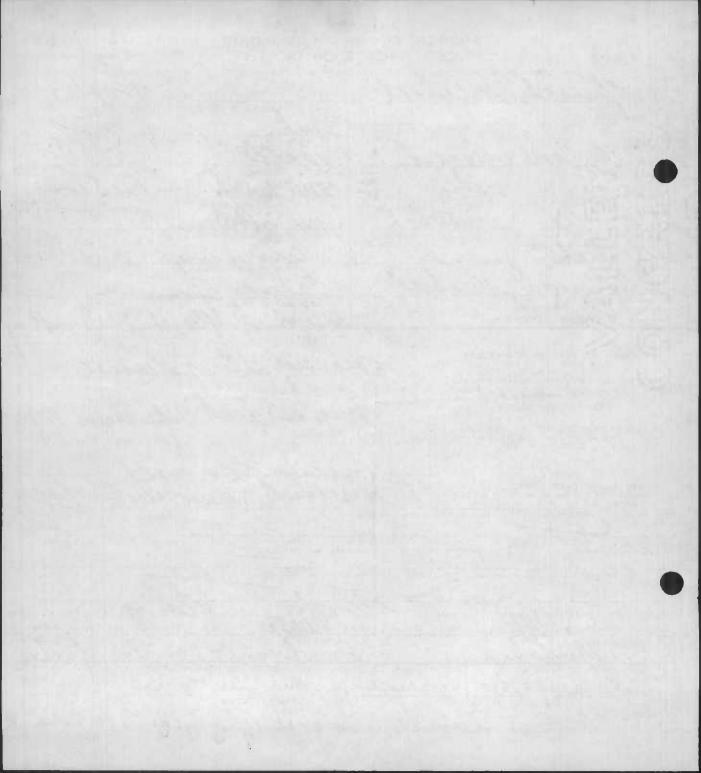
BALTIMORE CITY HEALTH DEPARTMENT

51 7412

/416	CERTIFICATI	E OF DEATH	Registered No)
BIRTH NO.				
1. NAME OF DECEASED Y. Lipp (Type or Print)	ROSEN	LALE	2. DATE OF A49	yst22,195
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If in B. COUNTY	stitution: residence before admission
s. FULL NAME OF (If not in hospital or instit HOSPITAL OR	ation, give street address or location)	c. CITY OR TOWN (I	outside corporate limits	Wite RURAL, and give
2103 W. BALT	MORE St.		ORE L	township
c. Length of stay in Baltimore	Yrs. Mos.	2/03 W.	T3 AL time	e = 5 %
5. SEX 6. COLOR OR RACE 7. SING	Days LE. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) II	nder I Year If Under 24 Hours the: Days Hours: Min.
MALE WhITE M.	ARRIED	VANUARY21,187	1 80	
ork done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country!	2 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	HI LYRE	14. MOTHER'S MAIDEN N	AME	1.5.17.
HENRY ROSENS	ALE	Unknow	U W	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
NO NONE	216-24-2831	ISA bELLE ROSE	ndale 21031	U. BALto, ST.
18. 199.7		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	Mato	statie care	iomoc umer	3 years
(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the discinjury or complication which caused dea	ase, th.) OUE TO	static care	ett ear	····
ANTECEDENT CAUSES	ر ارارا			
DISEASES OR CONDITIONS, IF ANY, GIV	(B)		***************************************	****
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			
	(C)			
OTHER SIGNIFICANT CONDITIONS CO				
TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED IT.			
198. DATE OF OPERATION 198. MAJO	R FINDINGS OF OPER	ATION		YES NO X
	ACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		If in Baltimore City, gi	ve exact location)
TIME (Month) (Dny) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
m.	WHILE AT NOT WHILE AT WORK			
22. I hereby certify that I attended th	e deceased from Jo	1 9 1948, to 14		that I last saw the
deceased alive on 1, 19 57				
nothan Racusin		206 S. Gilma		
24A. BURIAL, CREMA- 24B. DATE		RY OR CREMATORY 240. L		
DATE RECEIVED BY REGISTRAS'S SIGNA	HOLY REA	EEMER S	4L/146RE	ADDRESS
UIG 25 1951		GEO. L. Schw		
VS 150	1 1 1			45a
		730		734



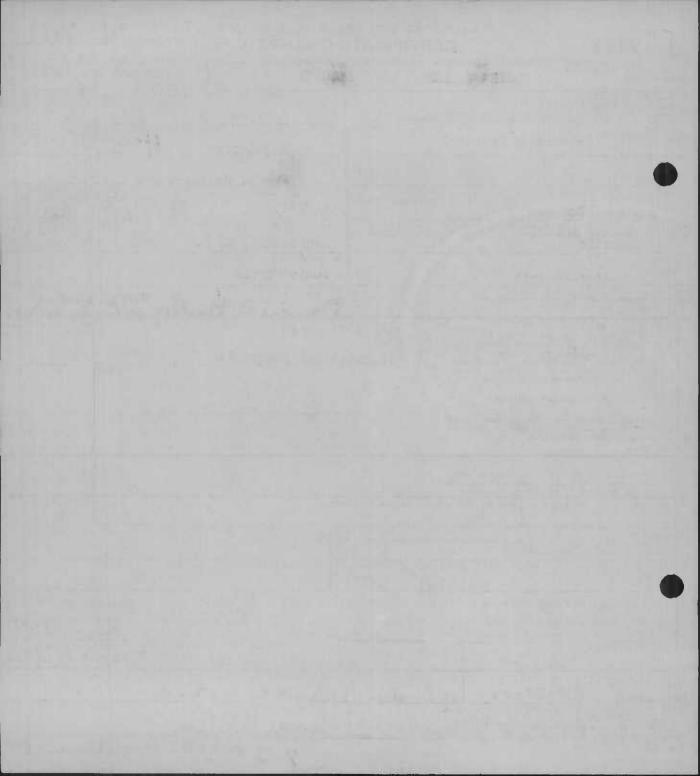
+Fleiseb BALTIMORE CITY HEALTH DEPARTMENT 7413 Registered No_ CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DELESSE 2. DATE (Type of DEATH 4. USUAL RESIDENCE (Where deceased hyd. If institution; residence PLACE OF DEATH: A. Baltimore City, Maryland BOUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) th outside corporate limits, write RURAL and give INSTITUTION STREET ADDRESS aral, give location c. Length of stay in Baltimore 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) AGE (In years | Il Under I Year | Il Under A Hours | Months: Days | Hours Min. 5. SEX 6. COLOR OR RACE 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during post of working life, even it retired) INDUSTR maun 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (17 yee, no war or dates of service) 16. SOCIAL SECURITY NO. culano NTERVAL BETWEE CAUSE OF 420,1 ONSET AND DEAT DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street office, bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? p. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT NOT WHILE WORK 15 L, that I last saw the 22. I hereby certify that I attended the deceased from and that death occurred at 1103 dun., from the causes and on the date stated above. deceased alive on_ 23A. SIGNATURE 23c. DATE SIGNED 24c. NAME OF CEMEJERY OR CREMATORY 24D. LOCATION (City, town, or county) Moreland yeur Vara luy.2),195 DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150

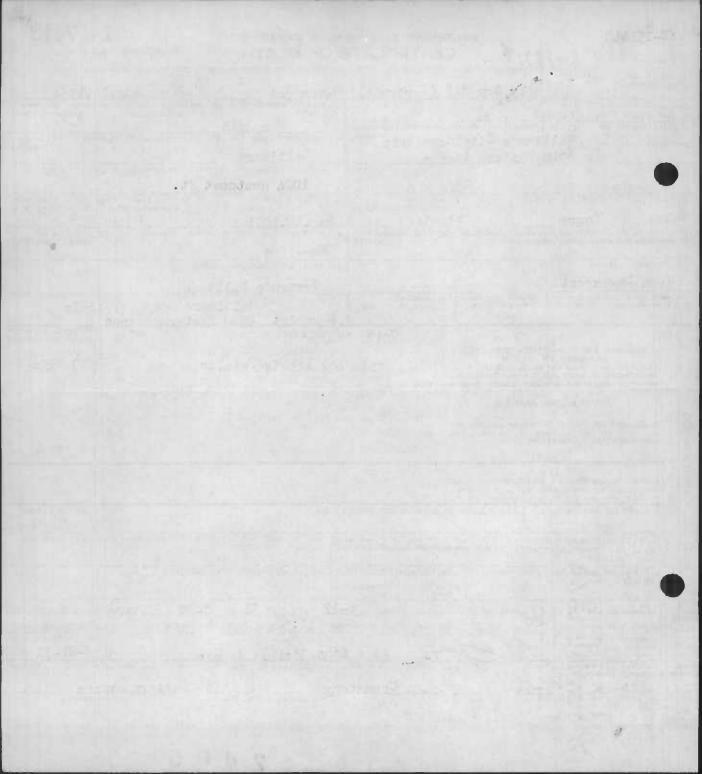


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

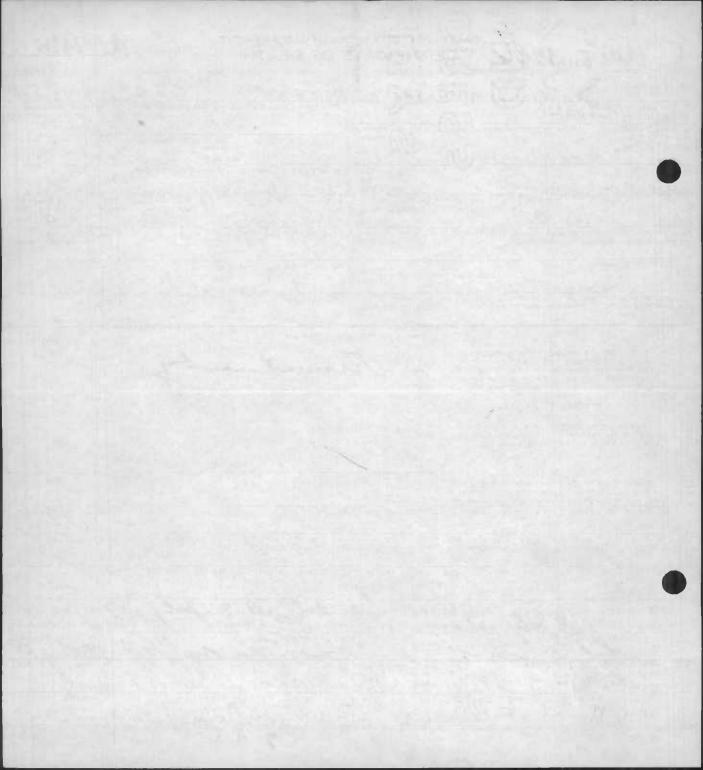
Registered No. 7414

1. NAME OF DECEASED (Type or Print) JOSIE LEE	LEGGETT 2. DATE August 23,	1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution A. STATE B. COUNTY be	n: residence efore admission)
B. FULL NAME OF (If not in hospital or institution, give street address o	- M	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits) write R	
University Hospital	Baltimore	township)
Yrs.		
c. Orth of stay in Baltimore Days	ma	
5. SEX 6 COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years I Under I Year	
Female Colored S	12/7/23	S LLOUIS WITH.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR		IZEN OF
rork done during most of working life, even if retired) Dome stic	Laurenburg, N. C.	AT COUNTRY!
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
Walter Leggett	Josie Purvis	W
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		. 1
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Danie B. Dudley Winston	dat
		ERVAL BETWEEN
18 472 X CAUSE	DE DEATH	ET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not mean the mode of dying, e.g., (A)Inver.	stitial pneumonia	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		
(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
Ů		
OTHER SIGNIFICANT CONDITIONS CON-		
TO THE DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 120	. AUTOPSY?
		s X NO
21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. R.,	in or 21C. WHERE DID (If in Baltimore City, give exac	
UNDERLYING OR CONTRIB.	.,etc.) INJURY OCCUR?	
Year) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE	E	
m. work AT WORK		,
22. I certify that I took charge of the remains described	Autopsy, Inspection or Inquiry	on and from
the evidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause	Inquiry, find that said deceased died on the day :	stated above.
23A, SIGNATURE	238 CHIEF MEDICAL EXAMINER [] 23c. DATE	SIGNEL
William Works	M.D. MEDICAL INVESTIGATOR August	24, 1951
	ERY DR CREMATORY 24D. LOCATION (City, town, or county	y) (Slate)
Removal 8-27-5-1 Winsten	ralemn.c. n.e.	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	2. FUNERAL DIRECTOR ADDRE	ss
LOCAL REGISTRAR	George M. Kelsen	-/
V S 151	13.02.0	11
73.0	FAN 7 3 9 13 03 Crestim	antit
	1146	

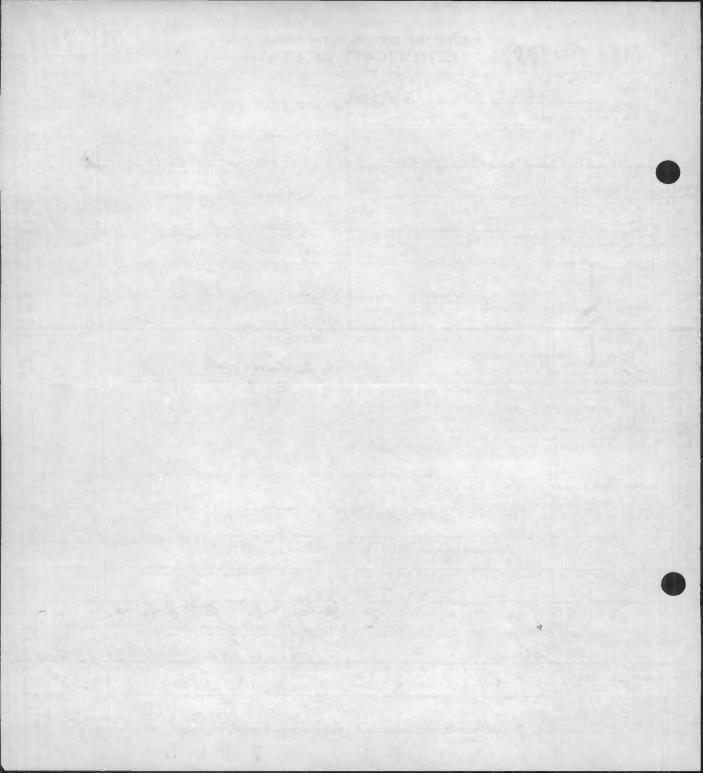




)1	500	6 51.1748	6 BAL		EALTH DEPARTMENT E OF DEATH	Registered No.	7416		
1. (T;	NAME OF Dype or Print)	ECEASED WILL		ANTHONY	BOWEN	2. DATE OF DEATH July	27-195-1		
	Baltimore (EATH: City, Maryland		/	A. STATE	Where deceased lived, If inst	titution: residence before admission)		
	FULL NAME	OF (If not in hospi	tal or institution	on, give street address or location)	c, CITY OR TOWN (I	f outside corporate limits, w	in DIDAL and also		
	STITUTION	me me		0 4/2011	J.	relimore 13	township)		
			u u	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
		tay in Baltimore		Days	3126 00	rymina Un	c -		
1	hall	While	WIDOW	. MARRIED. ED. DIVORCED (Specify)	Only 27-1951	9. AGE (In years It und last birthday) Month	s Days Hours Min.		
		CUPATION (Give kindo of working life, eveo if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	. CITIZEN OF WHAT COUNTRY?		
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME			
	n	uller Bo	wen		Ruth Marga	ret becalier	dol-		
15 (Yes	. WAS DECEASE , oo or uokoown)	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS		
-	-				horter	31260	UTA ce q		
	18.	76 X		CAUSE	OF DEATH		ONSET AND DEATH		
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	heart failu	not mean the mode ire, asthenia, etc. It me	ans the disease		The second secon	+			
	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES								
Z	DISEASE			(B)	••••••				
ATIO	RISE TO T	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
F				(C)					
ERT	TRIBUTING	SIGNIFICANT COND	NOT RELATE	D					
٥		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?		
Z N							YES NO		
MEDICA	HOMICIDE	ENT. SUICIDE, (Specify)		CE OF INJURY (e. g., i rm, factory, street, office bldg.,		If in Baltimore City, give	exsct location)		
~	D. TIME	(Month) (Day) (Year) (Hour) 2	TE. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?			
			m. W	HILE AT NOT WHILE AT WORK		2			
	22. I hereb	y certify that at			7 July 191/, to 2				
	deceased a		y, 19.3./, a	and that death occur	red at 7 m., from to see ADDRESS	the causes and on the	date stated above.		
	23A. SIGNA	Um.	16-	м. р.	In man Mun	diallord ;	3/ ann 5/		
	A. BURIAL.		2	4c. NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City town, or	county) (State)		
0	ilmal		-5/1	mon lea	u. took. Da	DE -18, V	ud.		
	ATE RECEIVE	RAR	S SIGNATU		25. FUNERAL DIRECTOR	11 a. P. A. S.	DDRESS		
AL	VS 150		· / // //	anne, Mill	10. W	and famore	The same		
	VS 150		1	0 5 1 0	1 107 4	159	B		
			1	-		1 - 1			



-	500						
В	1 741 IRTH NO.	7 61-174	24		E OF DEATH	Registered 1	1 7417 No.
	NAME OF D		nt Ron	ial Bowen		2. DATE OF DEATH	127-1951
	PLACE OF DI Baltimore C	EATH: lity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution; residence before admission)
H	FULL NAME	OF (If not in hosp	ital or instituti	on, give street address or location)	c. CITY OR TOWN	If outside corporate limit	s, write RURAL and give
IN	ISTITUTION	in Them	orial H	expelal	Barti	inne 15	township)
			M. I.M.	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
	Length of st	tay in Baltimore	E 7. SINGLE	Days Days	8. DATE OF BIRTH	9. AGE (In years)	i Under 1 Year if Under 24 Hours
	neale	White		ED, DIVORCED (Specify)	July 27-1951	last birthday) Mo	onths Days Hours Min.
		CUPATION (Give kind f working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	
1.0	- 1110 000000				Kurl margare	+ Shewbril	2
(Ye	m, no or unknown)	D EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A 45 /	DDRESS
-	18) -,	1 .	1	CALISE	OF DEATH	3126	INTERVAL BETWEEN
	1.1.	E OR CONDITION	DIRECTLY	CAUSE)		ONSET AND DEATH
		LEADING TO DE not mean the mode re, asthenia, etc. It m	of dying, e. g		rena	tucky	
		complication which					
7.	L. Comment	ANTECEDENT CA	JSES	(B)			
CATIO	RISE TO T	S OR CONDITIONS HE ABOVE CAUSE (A VING CONDITION) STATING TH	G			
Ī.	(C)						
ERT		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
Ü	TO THE D	FOPERATION	ON CAUSING I		ATION	•••••	20. AUTOPSY?
AL		0	100.71710071				YES NO
IEDICA	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		CE OF INJURY (e. g., i		(If in Baltimore City,	give exact location)
2	D. TIME (Month) (Day) (Yes	W	HILE AT NOT WHILE		RY OCCUR?	
	22. I hereby certify that attended the deceased from 27 July 195/to 27 July 196 that I last saw the						
	deceased al	ive on Zhe		and that death occur	fed at 4P-m., from		he date stated above.
	23A. SIGNAT	URE	1		3B ADDRESS	In willed	23c. DATE SIGNED
TI	4A. BURIAL, CON, REMOVAL (S	pecf(y)	9	4c. NAME OF CEMETE	11 11 12	LOCATION (City, town	, or county) (State)
0	remat	d /- 1	-/	mon mer	25/FUNERAL DIRECTOR	20-18	ADDRESS
L	AUG 25	BARA	ton Willi	AMIL II IS	Maucy M. al	um falled	ogypup.
	VS 150	A			0 7 6	02/	50
						9-87	



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ORCHER-DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland 533 S A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, with RIERAL and give C. CITY OR TOWN INSTITUTION 6-Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH 9. AGE (In year- | | Under | Year | | H Under 24 Houss | last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY abole 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 216-01-1968 INTERVAL BETWEEN 20. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID

(If in Baltimore City, give exact location)

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK

AT WORK

22. I hereby certify that I attended the deceased from deceased alive only

, 1937, and that death becurred at 122

1931, to Clas 19 3/19

_, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

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TION, REMOVAL (Specify

23A. SIGNAPORE

24B. DATE

dear cano M.D. 24C, NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

240. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

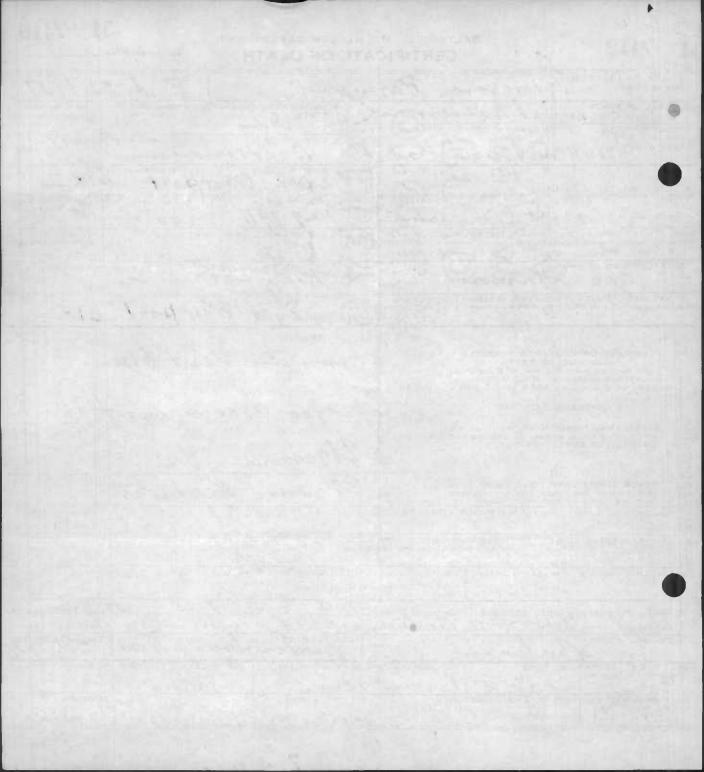
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

3820

The ADDRESS

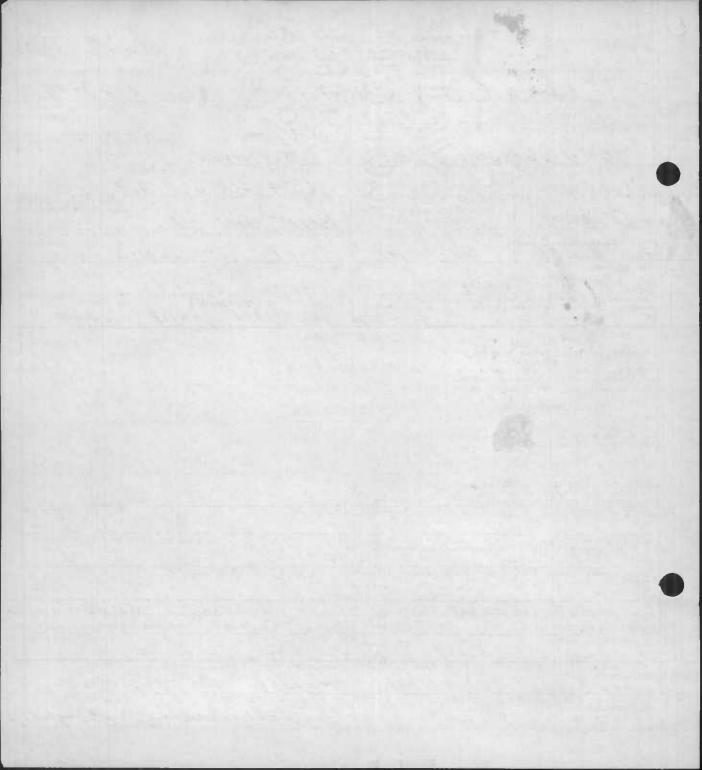
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BALTIMORE CITY HEALTH DEPARTMENT

egistered No. 1 7420

BI	RTH NO.	7	CERTIFICAT	E OF DEATH	Registered	No.	1400	
	NAME OF DECEASED ype or Print)	PA EN	MILY CAI	RNEY	2. DATE OF DEATH	-23-1	1951	
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE			residence e admission)	
в. Н(cion, give street address o location	c. CITY OR TOWN	lf outside corporate lim	~3		
U	0 165460	750077	32 - Yrs. Mos.		f rural, give location)			
	Length of stay in Baltimore		Days E. MARRIED.	1654 (FON	9. AGE (in years)		H Under 24 Hours	
	EMALE MHITE	WIDOV	VED. DIVORCED (Specify	MAV 15- 1410	last birthday) N	ionths Days	Iours: Min.	
orl	A. USUAL OCCUPATION (Give king a done during most of working life, even if retired to the control of the contro	of 108. KINI	O OF BUSINESS OR INDUSTR	12/	foreign country) DELAWARE	V. S.	COUNTRY?	
13	FATHER'S NAME	0	77000	14. MOTHER'S MAIDEN		1	[
	HENRY C.	FOROY		ALICE	ELLIS			
Ye	5. WAS DECEASED EVER IN U. S. AR! s, no or unknown) (If yes, give war ord	MED FORCES?	16. SOCIAL SECURITY NO. 215-30-4790	17. INFORMANT (MOTA MAS. ALICE		ADDRESS SAMP		
	18. 1561.			OF DEATH			AL BETWEEN	
	DISEASE OR CONDITIO LEADING TO DI (This does not mean the mod heart failure, asthenia, etc. Itr injury or complication which	2	years					
ALICA	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
7			(C)					
LEKI	TRIBUTING TO THE DEATH, B	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
7	19A. DATE OF OPERATION		FINDINGS OF OPE	RATION		20. AL	UTOPSY?	
CA	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore (Homicide (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?						no location)	
ME	ID. TIME (Month) (Day) (Ye		21E. INJURY OCCURI	RED 21F. HOW DID INJUE	RY OCCUR?			
	deceased alive on A 4 9.	22. I hereby certify that I attended the deceased from April 1951, to Aug 21, 1951, that I last saw the deceased alive on Aug. 20, 1951, and that death occurred at 1145 Am., from the causes and on the date stated above.						
	Donald Do	ndo	M. D.	6077 Hark	and Rd	23c. DAT 8- 2 4	E SIGNED	
71	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	7/57	JESSOPS		LOCATION (City, low		(State)	
		S SIGNATI		25. FUNERAL DIRECTOR		ADDRESS	fact Rd	
4	HU Z 3 1931 LIFE WAR	1 11 V3- 3V		11				



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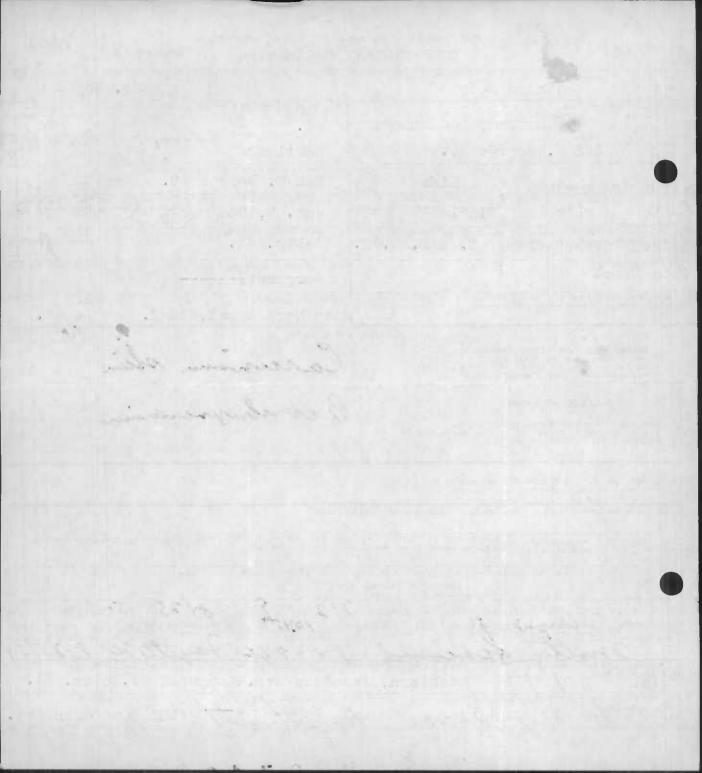
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE (Type or Print) George Appel DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside comporate limits, write R) RAL and give INSTITUTION 222 N. Monroe St. Ball timore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 222 N. Monroe St. c. Length of stay in Baltimore Days 6. COLOR DR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) SVIDOWID DIVORCED (Specify) Male last birthday) Months: Days Hours Min. Jan. 7,1866 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF B. & O. INDUSTRY Balto. Ild. WHAT COUNTRY? John Appel 14. MOTHER'S MAIDEN NAME Margaret----15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Miss Nora Appel, 222 N. Monroe St. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY Bronchopneumin LEADING TO DEATH (This dees not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE ATT 25, 195 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on land 19 \$1. and that death occurred at 1945 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION, REMOVAL (Specify) BURIAL 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Western, Edmondson Ave & Longwood St. Balto. Id.

VS 150

DATE RECEIVED BY

ADDRESS Edmondson Ave.



BJ-	5	2	5
THE NO. 4	55		

BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Charles Mason Johnson DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2590 Edmondson Ave. townshin) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 2590 Edmondson Ave. c. Length of stay in Baltimore Days 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED B. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Male White May 1,1898 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired Zell Motor 12. CITIZEN OF WHAT COUNTRY IId. 14. MOTHER'S MAIDEN NAME Savannah-----15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wer or dates of service) Mrs. Edith C. Johnson, 2590 18. CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ronz TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION now 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from luguet 21, 1951, to Jug 23, 1957, that I last saw the ang 22, 19 51, and that death occurred at 215 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

Grace Reformed Church Cem. Taneytown, Md.

RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS mater stor Miliams, Mass

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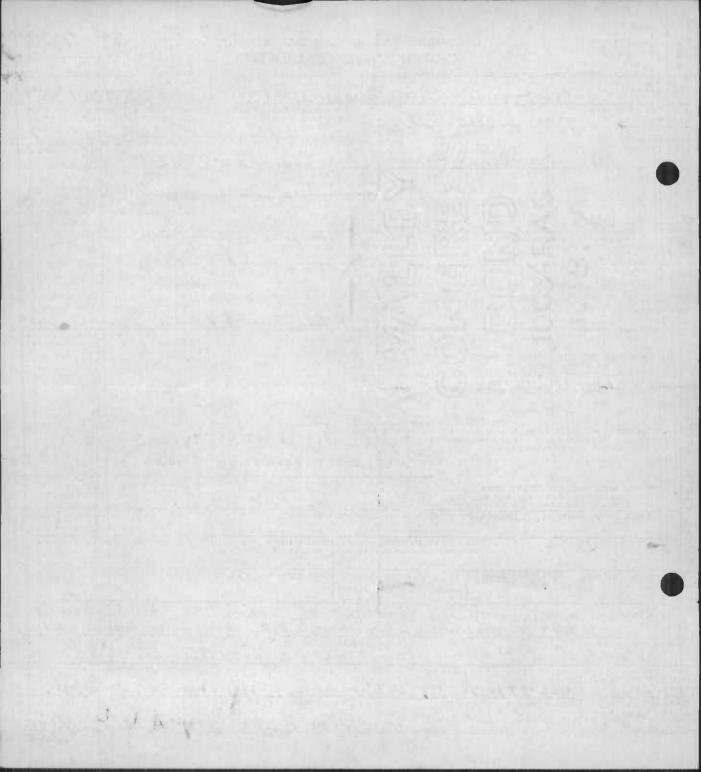
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51	7423
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH MA 23, 1 4. USUAL RESIDENCE (Where deceased liver of institution; residence a. STATE B. COUNT before admissi 3. PLACE OF DEATH: before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURA), and grive INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Men c. Length of stay in Baltimore Dave 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 9. AGE (In years | M Under | Year | H Under 24 Hours | last birthday) | Morths: Days | Hours: Min. 8. DATE OF BIRTH LOOWED, DIVORCED (Specify 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? oullur 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) casterns INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING ARTERIOSCLERUTIC, HYPERTENSIUR CARDIU- VASCULAR DISEASE RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSYT 19B. MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WHILE AT WORK AUG 23, 19 5 that I last saw the AUG. 21 1951, to 22. I hereby certify that I attended the deceased from. deceased alive on Av 6 . 23 19 51, and that death occurred at 3 P. m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 238, ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR the Row of the Phillemile,



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BALTIMORE CITY HE	EALTH DEPARTMENT	, 5	1 7424
1 7424 CERTIFICATI		Registered No.	
1. NAME OF DECEASED (Type or Print) (2. DATE OF	
3. PLACE OF DEATH:	Il a digital properties (W	DEATH FIR413	
A. Baltimore City, Maryland	4. USUAL RESIDENCE (WI	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		BALTO	
INSTITUTION	C. CÎTY DR TOWN (If o	outside corporate limits, w	rite RURAL and give township)
South Baltimore General Hospital Yrs.	D. STREET ADDRESS (If r	ural give location)	
Moss	Slag Pull N. L	Q1 53	0.0
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (In years Unde	1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	5/18/80	last hirthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF
ork done during most of working life, even if retired) INDUSTRY	Connedingia		WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA		U.S.A
Hiram Springer	ואט	2	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDR	FSS
Yes, no or unknown) (If yes, give war or dates of service)	ELLA C. SPRINGE		
18. //a. / CAUSE	OF DEATH	2 2 3/1/11	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	1		ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	diac failure		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO			
Z (B)	reriosclerotic	C- V-D	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO			
UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CON-	2		
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	lary insuffice	ncy	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
			YES NO NO
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., is about home, farm, factory, etreet, office bldg., a	n or 21c. WHERE DID (If INJURY OCCUR?	in Baltimore City, give	exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
m. WHILE AT NOT WHILE			
	7-19 -, 1951, to	8-24 105/11	hat I last saw the
deceased alive on 8 - 2 4, 1951 and that death occur	red at 5:300 m from th	e causes and on the d	ate stated above
	3B. ADDRESS		3c. DATE SIGNED
lung-tsing Wong M.D. E	South Balt move be	eneral Hospital	8-24-1951
24A. BURIAL, CREMA- 24B, DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, own, or c	ounty) (\$tate)
BURIAL 18/27/51 HEPYLIAH	APTIST CEM MODI		7-
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	AD	DDRESS
AUG 251951	Men Broke 12c	alley De to	A. Myd.
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0/03	1510		12%

a strute 12 j DOC THE PROPERTY AND ADDRESS OF THE PARTY AND - 9 A V

SINGLE MARRIED. 1
WIDOWED, DIVORCED (Specify)

IOB. KIND OF BUSINESS OR

Leass

7. SINGLE.

51 7425

B. COUNTY before admission) (If outside corporate limits, write RURAL and give

If Under 1 Year

ADDRESS

(If rural, give location)

8 DATE OF BIRTH last birthday) Months: Days Hours Min. 11. BIRTHPLACE (State or foreign country)

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT SOUNTRY

20. AUTOPS

If Under 24 Hours

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give wer or dates of service) 200

10A. USUAL OCCUPATION (Givekindof)

work done during most of working life, even if retired)

MONTON GUM

13. FATHER'S NAME

c. Length of stay in Baltimore

6. COLOR OR RACE

5. SEX

18.

DICA

16. SOCIAL SECURITY NO -07-991

INDUSTRY

Mos.

Davs

CAUSE OF DEATH

Sargean INTERVAL PETWEEN ONSET AND DEATH

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

11

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,

198. MAJOR FINDINGS, QF

21A. ACCIDENT WAS UNDER

empero-

218 PLACE OF INJURY (e. g., in or) about home, farm, factory, street, office bldg., etc.)

auch 21c. WHERE DID

OPERATION.

INJURY OCCUR!

(If in Baltimore City, give exact location)

LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT

NOT WHILE!

21F. HOW DID INJURY OCCUR?

WORK 22. I hereby eertify that Lattended the deceased from. ___. and that death occurred at 3 . 19

. 19 Sthat I last saw the An. from the causes and on the date stated above. 230 DATE SLANED

24A. BURIAY, CREMA-

DATE RECEIVED BY

deceased dlive on.

23A SIGNATURE

248 DATE

24C. NAME OF CEMETERY OR CREMATORY

240 MOCATION (City, town, or county

LOCAL REGISTRAR

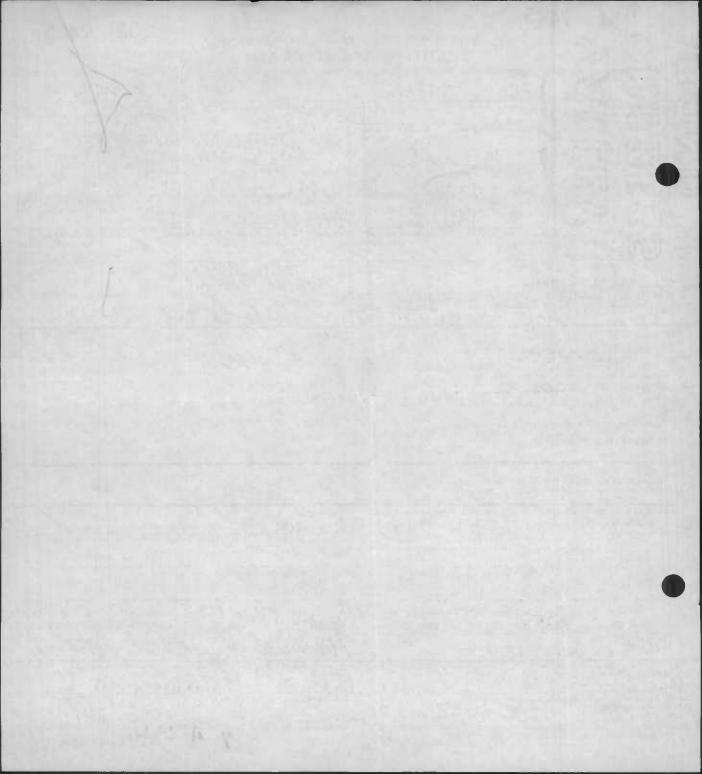
ana 28,195

ADDRESS

ms.

FUNERAL DIRECTOR

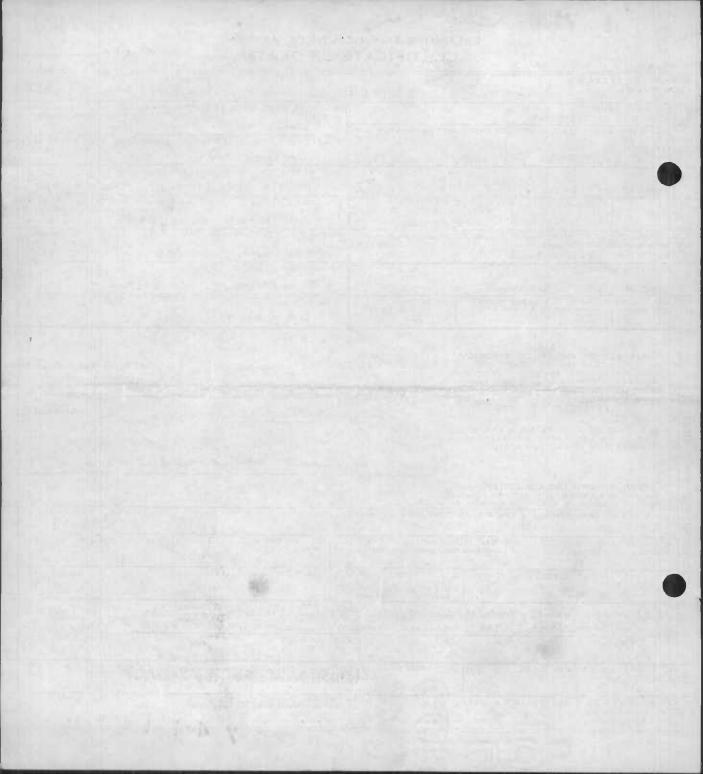
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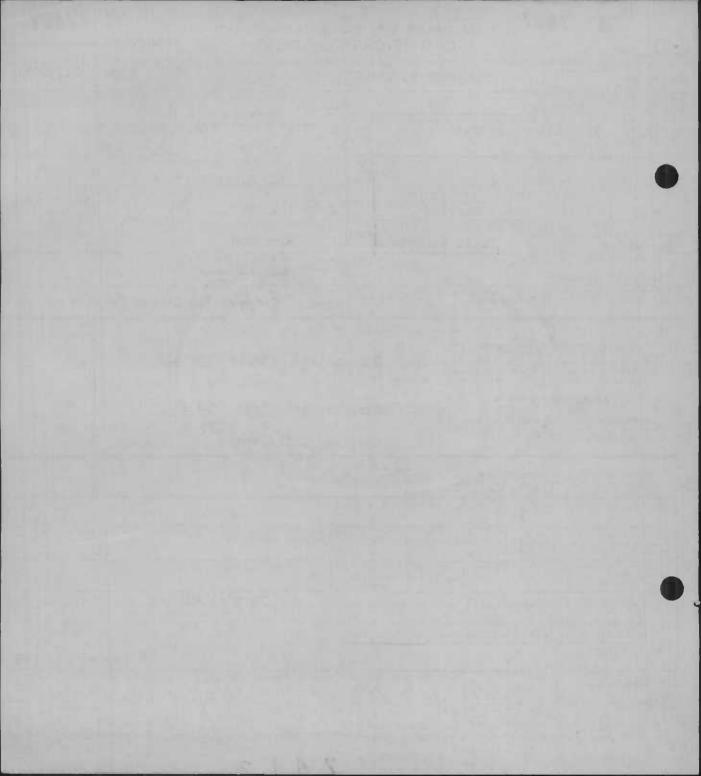
3)



the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [] undetermined [] 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNLE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR August 24, 1951 24A. BURIAL, CREMA-24C. NAME OF CEMEJERY OR CREMATORY TIONDREMOVAL (Specify) Teng 2 DATE RECEIVED BY REMSTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

131 据从总允益

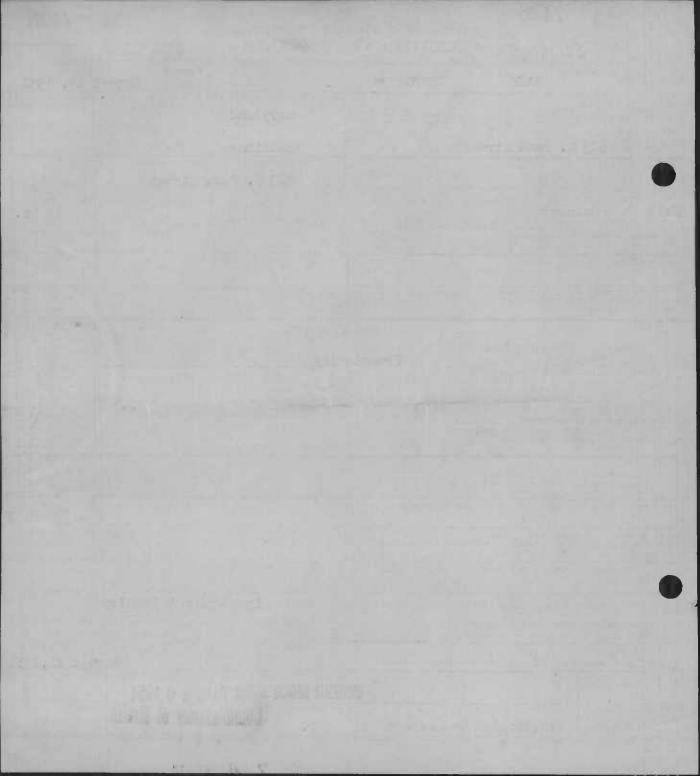
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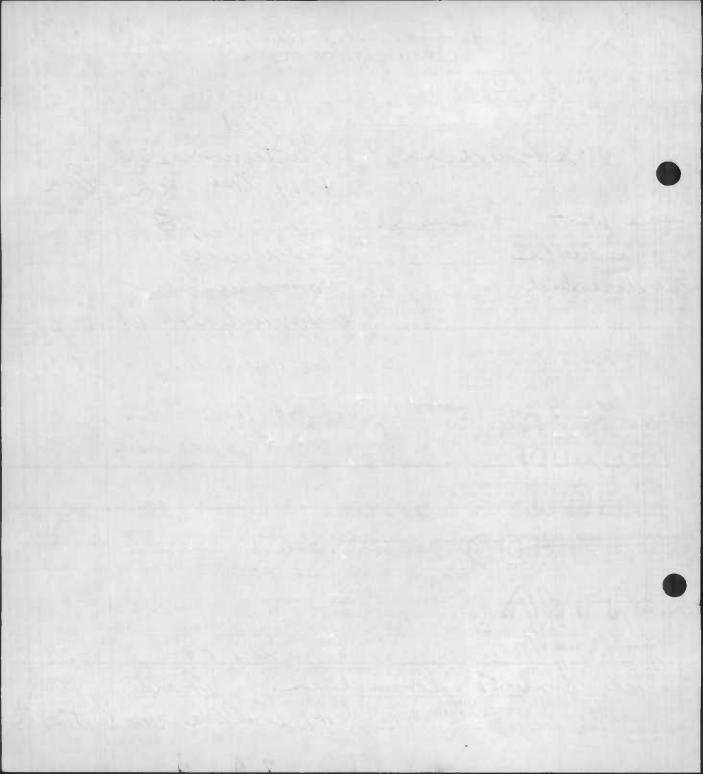


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4





INDUSTRY

7430 (If outside corporate limits, write RURAL and give township 9. AGE (In years) If Under | Year If Under 24 Hours Last birthday) Months Days Hours Min 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23C, DATE SIGNED

YES

(If in Baltimore City, give exact location)

dug 25 195 that I last saw the

10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR ork deneduring most of working life, eyen if retired) use wife 13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

2011

(If yes, give war or dates of service)

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

(Yes, no or unknown)

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

16. SOCIAL SECURITY NO.

WIDOWED, DIVORCED (Specify) WOUN

14. MOTHER'S MAIDEN NAME

CAUSE OF

DUE TO

24c. NAME OF CEMETERY OR CREMATORY

OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION

19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

INJURY

23A, SIGNATURE

. REMOVAL (Specify)

UNDERLYING CONDITION LAST.

LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE!

AT WORK 22. I hereby certify that I attended the deceased from_

deceased alive on and 25, 1951, and that death occurred at

BURIAL, CREMA-

REGISTRAR'S SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

24D. LOCATION (City, town, or county)

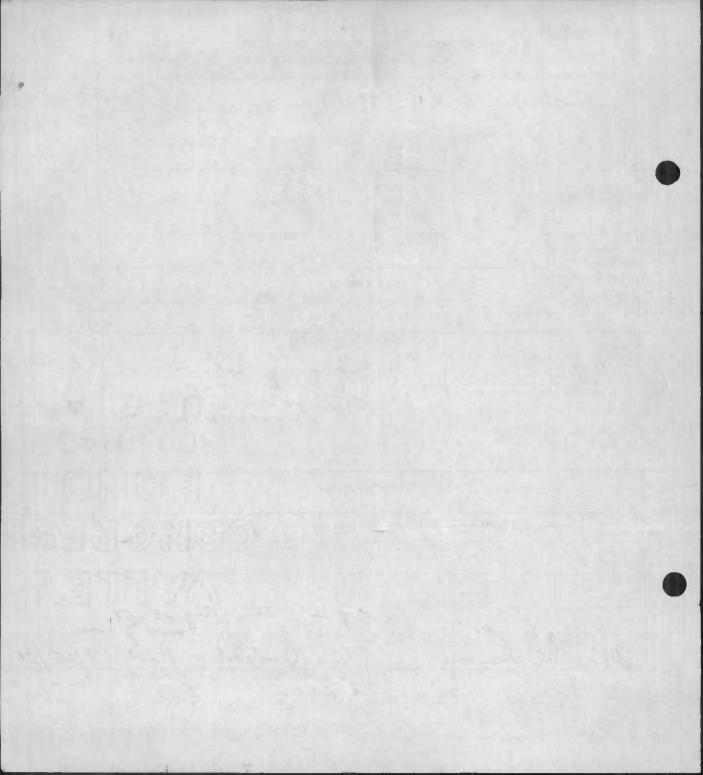
_m., from the eduses and on the date stated above.

ADDRESS

21F. HOW DID INJURY OCCUR?

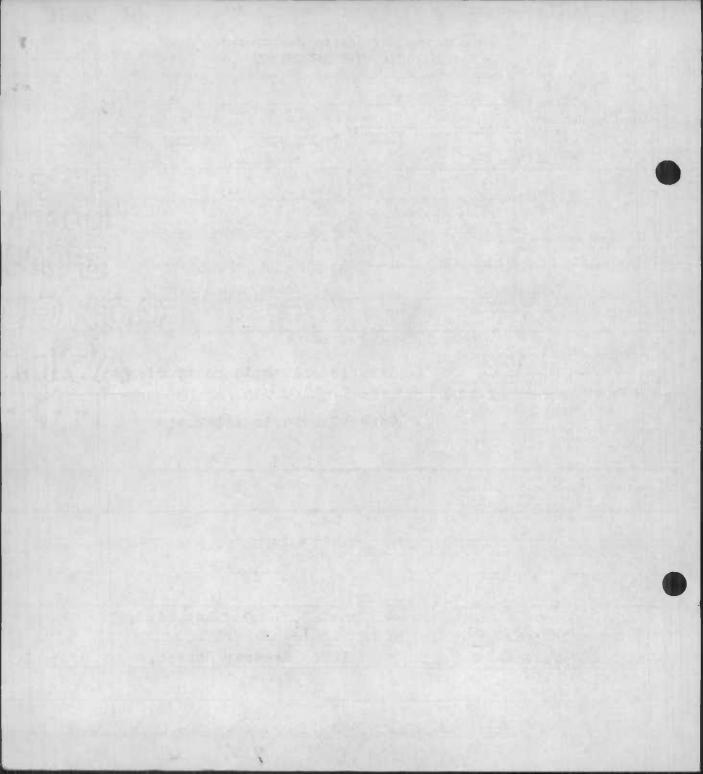
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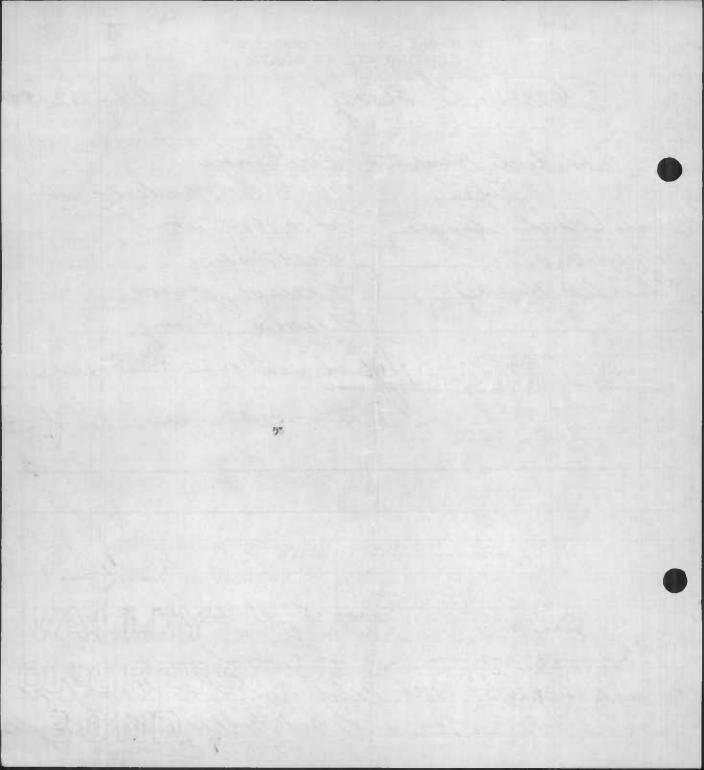
23B. ADDRESS



RTIFICATION

EDICAL





51 7433 BALTIMORE CITY HEALTH DEPARTMENT Registered No .__ CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY before admi sion) (If not in hospital or institution, give street address or location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and giv INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days It Under 1 Year 9. AGE (In years) 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months: Days Hours: Min WIDOWED, DIVORCED (Specify) marphe USUAL OCCUPATION (Givekind of I 108, KIND OF BUSINESS OR ACF (State or foreign country) 12. CITIZEN OF he during most of working lib, even if retired) INDUSTRY WHAT COUNTRY? Terres Vas FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown)] (If yes, give war or dates of service) 16. SOCIAL OHNS HOPKINS HUSATTALESS (Yes, no or uuknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST.

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or

LYING OR CONTRIBUTING

CAUSE OF DEATH

deceased alive on

23A. GIGNATURE

INJURY

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

about home, farm, factory, street, office bldg., etc.) D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

> WHILE AT WORK

24c. NAME OF CEMETERY OR

NOT WHILE

21F. HOW DID INJURY OCCUR?

AT WORK

22. I hereby certify that I attended the deceased from.

192/, to_

23B. ADDRE

21c. WHERE DID

INJURY OCCUR?

, 195/, and that death occurred at 1630km; from the causes and on the date stated above.

23C. DATE SIGNED

24D. LOCATION (City town, or county)

(If in Baltimore City, give exact location)

ADDRESS

20. AUTO 51

LOCAL REGISTRAR VS 150

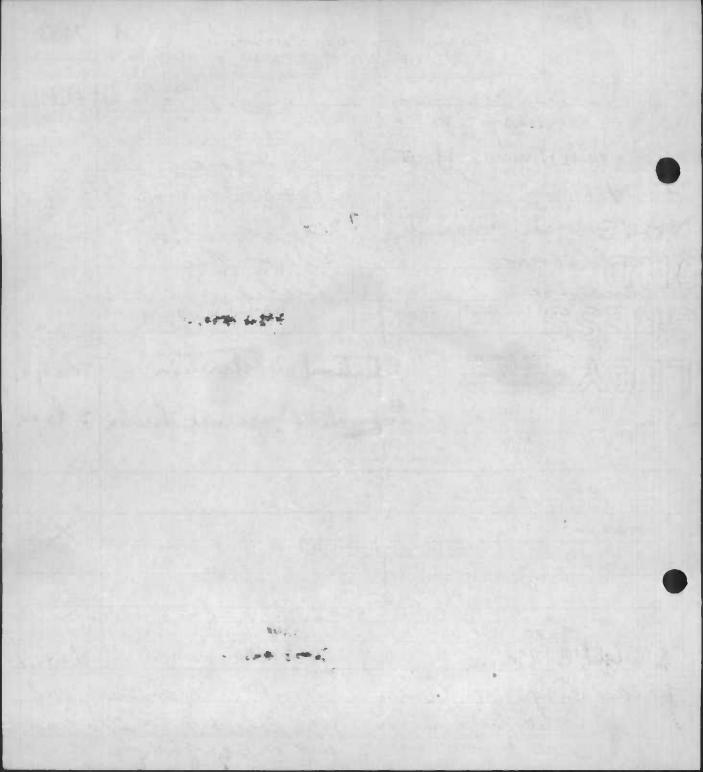
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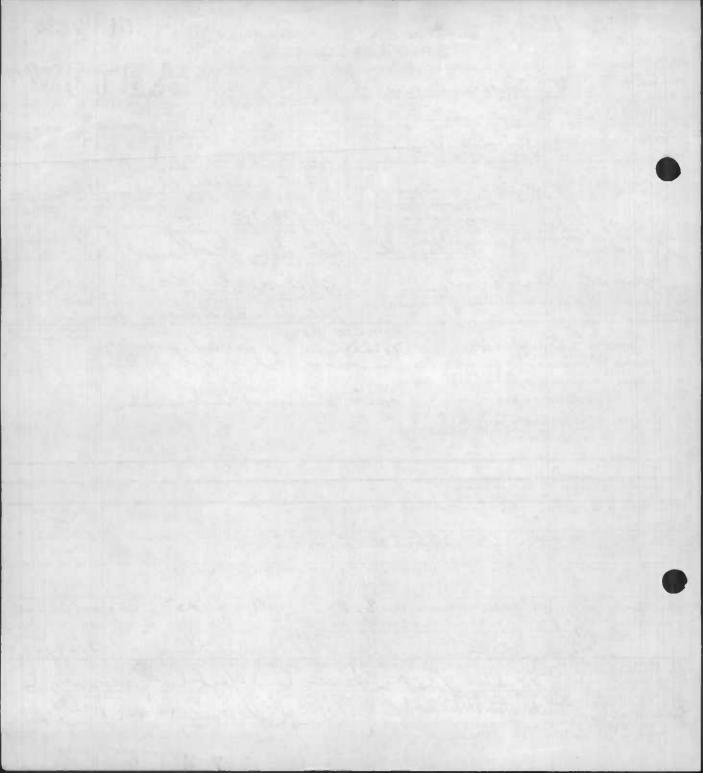
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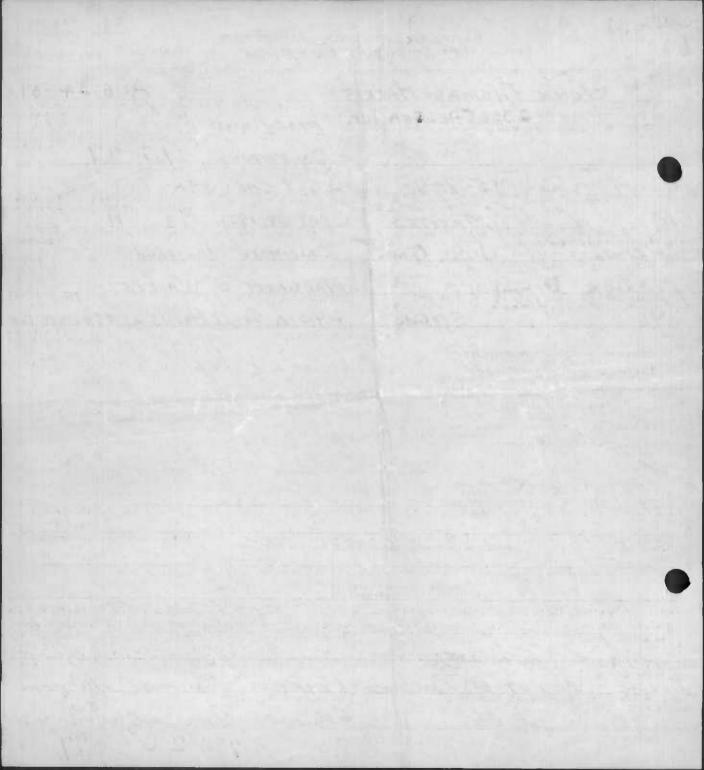
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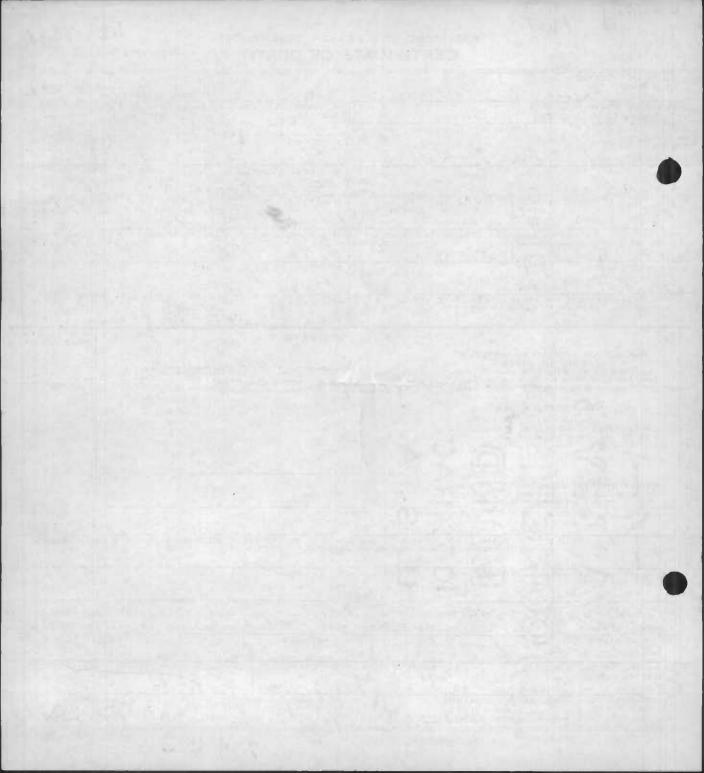






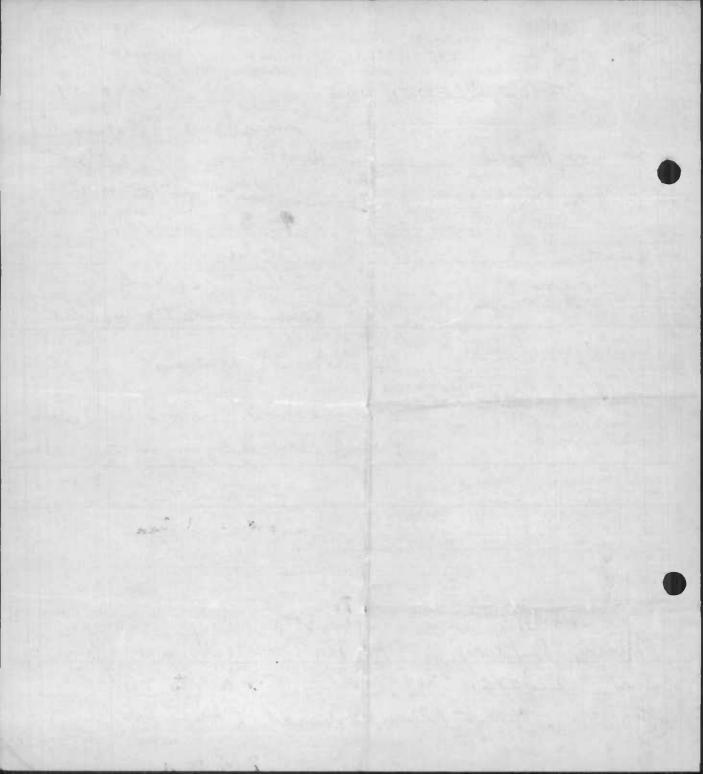
256 51 7436 CERTIFICATE CORRECTE 1/3 /52 51 7436 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. Edward Otto Wegner DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) St. Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5009 Arabia Avenue Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | | Under 24 | Hours | Montha: Days | Hours | Min. Married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Unemployed les. ENg. Baltimore, Marydand 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yee, give war or dates of service) EIGENBrodT 16. SOCIAL 17. INFORMAN ADDRESS (Yee, no or unknown) SECURITY NO 212-22-9194 eaner-Soog 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) BRONCHO PNEUMONIA
Intestinal obstruction invaded LEADING TO DEATH 10 days (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 2 wks ANTECEDENT CAUSES CARCINOMATOSIS DISEASES OR CONDITIONS, IF ANY, GIVING 6 105 * RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastasis to bones, liver, spleen 4 mos. (c) severe secondery anemia mos. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Aug. 9, 195. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH O. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify that I attended the deceased from 8/7/ 8/24/ , 19 5, that I last saw the . 19 57 to____ deceased alive on 8/211/ . 19 51 and that death occurred at 4:25PpM from the causes and on the date stated above 23s. ADDRESS 23c. DATE SIGNED shake 1400 N. Caroline Street M. D. 24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 8-27-51 Duria nopno DATE RECEIVED BY REGISTRAR'S SIGNA 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

See Document File 51-7436 1/31/52 ES



51 7438 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If Anstitution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location \ C. CITY OR TOWN If outside corporate limits, write RURAL and give INSTITUTION township) imare Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years) If Under | Year WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours. Min. widowed OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTA WHAT COUNTRY? rome Malala 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 19. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL NEORMANTS (Yes, no or unknown) SECURITY NO 18. INTERVAL BETWEEN DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICA 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE WORK 22. I hereby eertify that I attended the deceased from 1949 , 19 to Que 25 , 1951, that I last saw the deceased alive on 24 . 1951 and that death occurred at 2 9 m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. SUNERAL DIRECTOR VS 150 C. C. A.T. 3 THE PROPERTY.

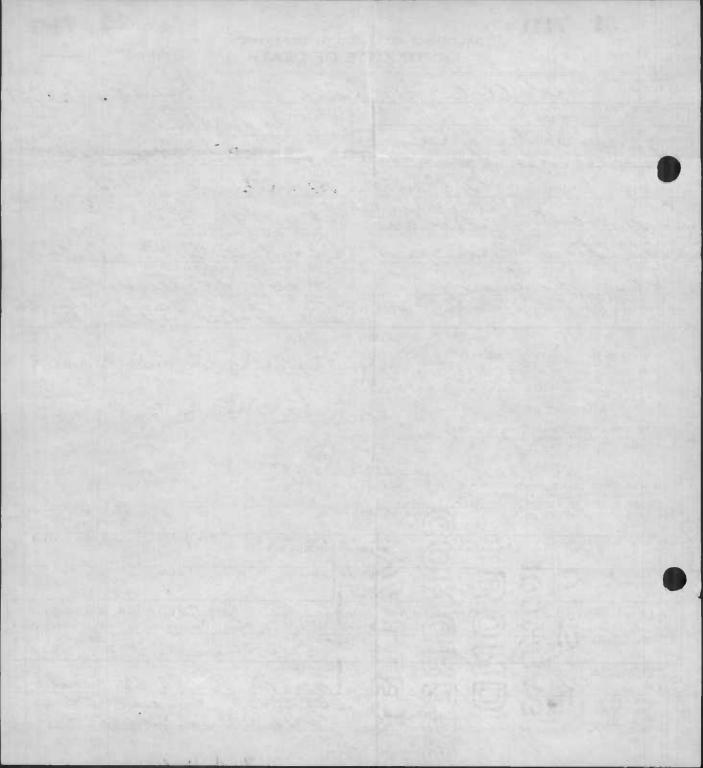
51 7439 03/78 BATTL	EALTH DEPARTMENT 51 7439
	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) BAHLE, CLEMENTIN	2. DATE 8-12-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
There is to spirit	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 9 Days	406 W Comway 8t
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years I ender I Year II Under 24 Rours Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Leller Max Jones
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	Clean Battle 406 W Conway &
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	rrhow + axistores - 15 days
Z DISEASES OR CONDITIONS, IF ANY, GIVING	mulition (anne) (inthe
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	el Cubral agences but
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 1 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in Lying OR CONTRIBUTING about home, farm, factory, street, office bidg., et	YES NO A
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., el	
ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?
m. WORK AT WORK	0.50
deceased alive on 1 22/5 , n and that death occur	red at \ 550 m., from the cluses and on the date stated above.
	3B. ADDRESS Wersity Hospital 23c. DATE SIGNED
24A. BURIAL, CREMA-/24B. DATE TION, REMOVAL (Specify) Aug 27.51 The Cal	Cuy A A Co. Mof
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	Sarah L Brown Son
NS 150	108W Monty omeny St



51 7440 BACTRIFICATE CORTE COR	PARTMENT Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF
A. Baltimore City, Maryland	RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Johns Hapking Hayttal Yrs. D. STREET	attrione 16.02 township)
c. Length of stay in Baltimore Mos. Days 3	12 W. Saparette ano.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) 8. DATE OF	9. AGE (In years of Under I year last birthday) 4-99 9. AGE (In years of Under I year last birthday) Months: Days Hours Mia.
10A. USUAL OCCUPATION (Give kind of work done thring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	LACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	R'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no fruthnowo) (If yes, give wer or dates of service) SECURITY NO. 17. INFORM	MANOHNS HUPKING NOOMAN ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	ral of maliment melanom rear privious (autops)
. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUT SYT
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY	HERE DID (If in Baltimore City, give exact location)
while AT NOT WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on B-23, 1951, and that death occurred at 23. SINATURE 23B. ADDRES	is Hychins Hosp. 8/24/51
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OF CREM. TION REMOVAL (Specify) UNA. 27, 1951	Reistrolow, Ins.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR AUG 7 7 1951 Line Local Registrar AUG 7 7 1951	Stories Funera Cone
VS 150	7 4 2 5 49)

See Document File 51-7.40 Complete Autorsy Report 9/11/51 ES

250 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO.	TE OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Sallie fac	Ken 2. DATE OLA 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased liver if institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR A PARTIE OF THE STREET OF THE	on) C. CITY OR TOWN If ourside corporate limits, write RURAL and give
2101 Cold spring Can	e 1318 Rutter St. township)
	os. Saltimore, Inc.
5. SEK 6. COLOR OR RACE 7. SINGLE, MARRY D. WIDOWAD, DIVORCED (Spo	8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months Days Hours Min.
OA USUA OCCUPATION (Give kind of OB, KIND OF BUSINESS OF ork done during most of working file, even if retired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMES
John Jackson	mary beateroood
15. WAS DECEASED STEP IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No.	17. INFORMAN 12. oh. Procelin Ut.
18. 4 2 2 . / CAUS	SE OF DEATH
DISEASE OR CONDITION DIRECTLY	+ = CO
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	De Clearling landing last disease !
ANTECEDENT CAUSES	Texiosclerosis
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1,000
UNDERLYING CONDITION LAST.	
11	28. 10 29 NULY
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY7
21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e about home, farm, factory, atreet, office)	
N N N N N N N N N N N N N N N N N N N	
O. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCU	HILE
22. I hereby certify that I attended the deceased from	
deceased alive on 24, 19 and that death o	courred at m., from the causes and on the date stated above.
25A. SIGNATURE FOR M.D.	18/28 10 and 13 25 41
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	Les Men. Ph Ball. Cs. M. 18tate)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FONERA ORECTOR Funeral ADDRESSIONE
406 2 / 1951 1 Tunturgler / Thrusand, 195	1631 Druid Will ares
vs 150	88 93)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

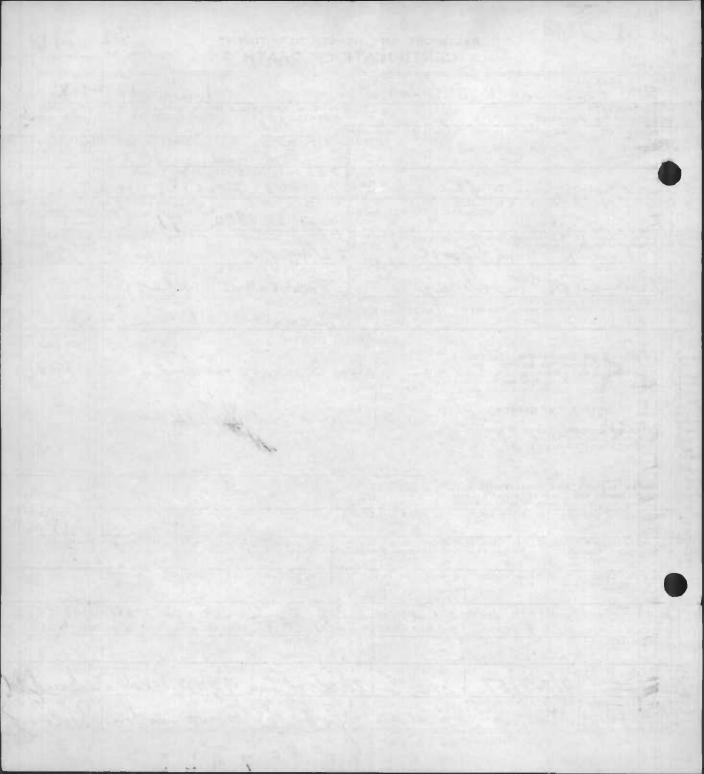
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Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) SARAH BRENNAN OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City. Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION LUTHERAN HOSpital township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. HOLLINS c. Length of stay in Baltimore STreet Days 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Munder | Year | Munder 24 Hours | last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify) 16 Merch 1880 711

11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during mast of working life, even if retired) INDUSTRY WHAT COUNTRY? housewife 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO wheren Hospital 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Cerebral Vasculer heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Hypertensive Cardio vaganlar charge DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT Amprist, 1951, to 24 Amount, 1951, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 24 Amonst 1951, and that death occurred at 10,55 Am., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED Wihum DATE RECEIVED BY REGISTRAR'S SIGNATURE

was the same of the same of

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51 7443 7443 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) FRANCES August 25, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : relidence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Franklin Square Hospital D. STREET ADDRESS (If rural, give location) Mos. 126 S. Carey Street gth of stay in Baltimore Days SINGLE, MARRIED. WIDOWED, DIYORCED (Specify) 5. SEX 6. COLOR DR RACE 9. AGE (In years | 16 and | 1 test | 18 and 124 Hours | 18 last birthday) | Months: Days | Hours | Min. White 10A. USUAL OCCUPATION (Give kind of 2.8 THE DISTRESS OR INDUST E (State or foreign country) work done during most of working life, even if retired) INDUSTRA WHAT COUNTRY Habulator 13. FATHER'S NAME 15. WAS DECEASED EVER N U. S. ARMED FORCES? Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or nnknown) SECURITY NO ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Skull fracture (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) XXXXXX ANTECEDENT CAUSES Crushed chest RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT U 19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? CAL 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Frederick Avenue & North Bend Road Street 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT

21F. HOW DID INJURY OCCUR? NOT WHILE X Passenger in auto which struck streetcar

2:00 A. m. WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \boxtimes , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED

24A. BURIAL, CREMA-REMOVAL (Speaify)

DATE RECEIVED BY

LOCAL REGISTRAR

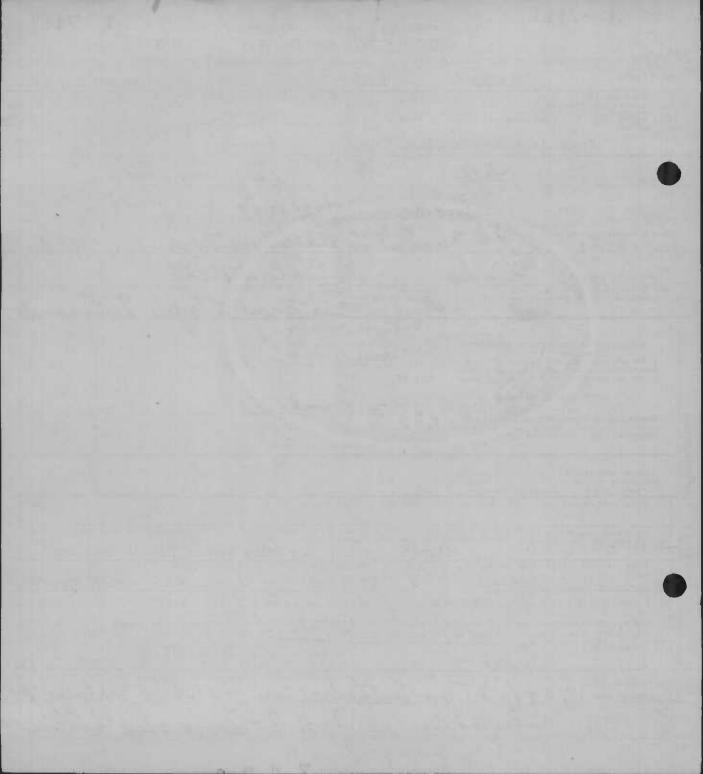
REGISTRAR'S SIGNATURE

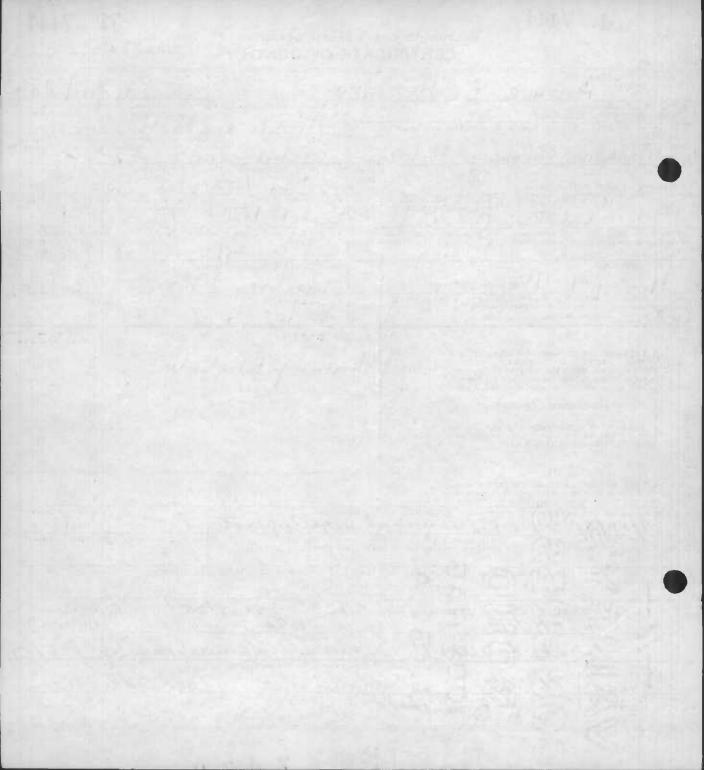
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ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

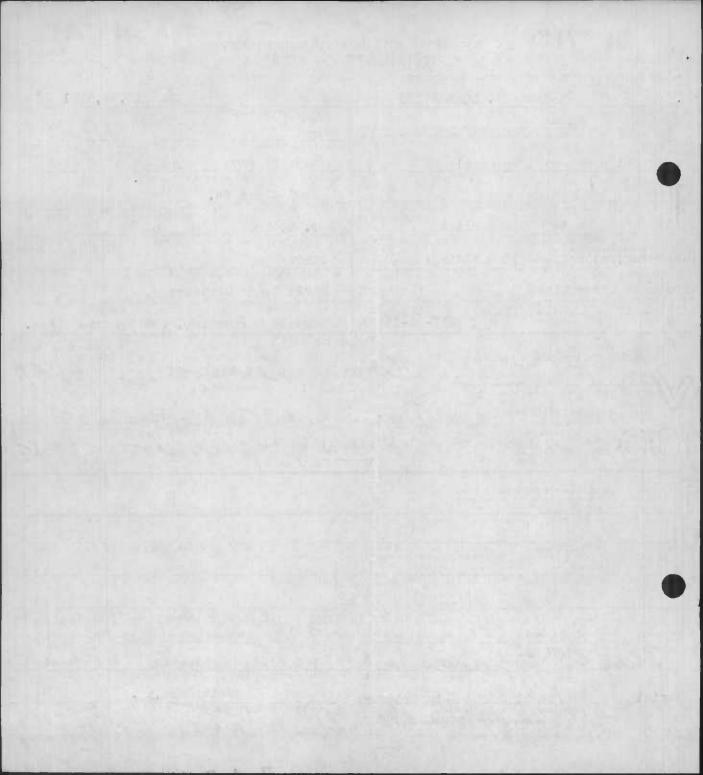
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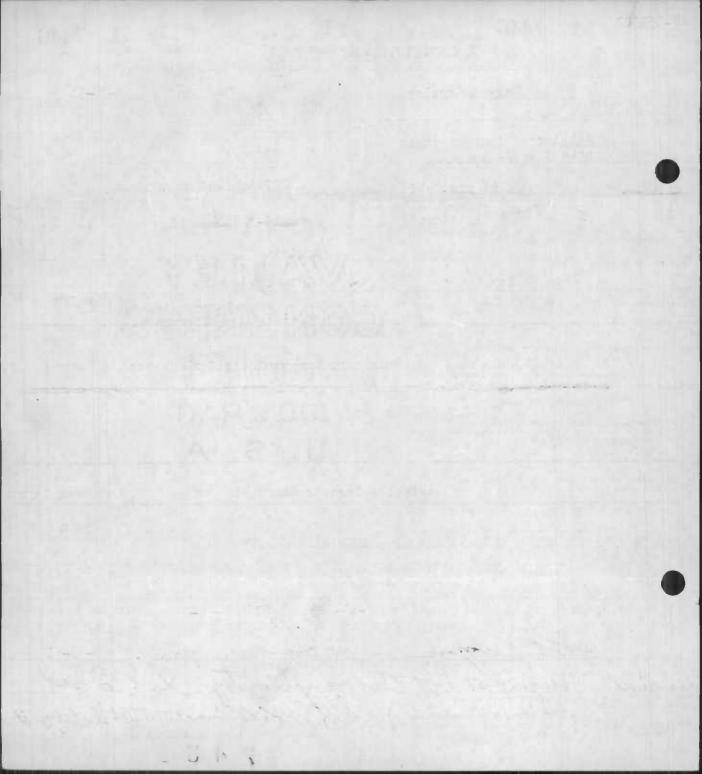




JA 79.10	BALTIMORE CITY HE		Davist	J.N.
BIRTH NO.	CERTIFICATE	OF DEATH	Registere	U 110
1. NAME OF DECEASED (Type or Print) CHARLES	G. SORRENTINO		2. DATE OF DEATH AU	g.24,1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (. If institution : residence
	l or institution, give street address or location)	Maryland c. CITY OR TOWN (I		mits, write RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days		rural, give location)	
5. SEX 6. COLOR DR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 28.1884	9. AGE (In years	it Under 1 Year H Under 24 Hours Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of rock done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY Buildings	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Pasquale Sorrentino		Marie Grace Ca	arlance	
IS. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO. 212-07-1397A	17. INFORMANT Pasquale Sorrer	ntino,3408 V	ADDRESS Voodstock Ave.
injury or complication which ca ANTECEDENT CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS OTHER SIGNIFICANT CONDITION TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION	ANY. GIVING ESTATING THE CIONS CDN- RDT RELATED		dio Vasc Hension	
	B. MAJOR FINDINGS OF OPER	ATION	•	20. AUTOPSY/
21a. ACCIDENT WAS UNDER	218. PLACE OF INJURY (e.g., in		lf in Baltimore Cit	y, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	about home, farm, factory, street, office bldg., e	(b.) INJURY OCCUR?		
TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK AT WORK	2 1F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I atte				5, that I last saw the
deceased alive on 4- Aug 234 SIGNATURE	dunda M.D.	3. 7 46 Her all	arueda	23c. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETER		OCATION (City, to	
Buriel 8/28/51 DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR ALIC 2 7 1951		25 JUNERAL DIRECTOR	Sac 16	ADDRESS 115T Oul &
AU 5 150	573	24		93)



A	B-151302	51 744	16 BAI	LTIMORE CITY HE	EALTH DEPARTMENT	51 Registered No	7446	
	RTH NO.							
	NAME OF D 'ype or Print)			α		2. DATE OF		
3.	PLACE OF D	EATH:	ertha	Crosley	4. USUAL RESIDENCE (WI		stitution: residence	
_		City, Maryland	1 11		A. STATE Maryland B. COUNTY before admission)			
H	FULL NAME	Baltimore		ion, give street address or location)		outside corporate limits,	weite DIIDAI and sive	
IN	STITUTION	4940 Easte			Baltimore	10-0	township)	
W.		4940 Paste	rn Ave	Yrs.	D. STREET ADDRESS (1f r	ural, give location)		
C.	Length of s	tay in Baltimore	46 V	Mos. Days	1227 Ashlan	ATO		
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years H U		
	F	N		VED, DIVORCED (Specify)	March15- 1888	last birthday) Mont	hs: Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 1	2. CITIZEN OF	
worl	doos during most o	of working life, even if retired)		INDUSTRY	Virginia		WHAT COUNTRY?	
13	FATHER'S	IAME			14. MOTHER'S MAIDEN NA	ME		
		John Hun	ley		Maria Chapman			
15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT Baltimore City Hospitals			
(1 0	, 00 01 uon 00w 0)	(11 yes, give war of dates	ol service)	SECURITY NO.	Records: 4940 E	re ity Hospi	tals	
	18. 00	2×.		CAUSE	OF DEATH	SLETT AVE	INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECTLY						
	(This does	not mean the mode o	'H f dying, e.s	Pulmon	ary Tuberculosis f	ar advanced	over 6 mas	
	heart failu	re, asthenia, etc. It mea: complication which c	ns the discas	e,	A	Control of the Contro	0 4 (74	
		ANTECEDENT CAUS	FC					
z				(B)				
ATION	RISE TO T	OR CONDITIONS, IF	STATING TH	IG IE DUE TO				
Y	UNDERLY	ING CONDITION LA	ST.	(C)				
FIC								
FH		II IGNIFICANT CONDI						
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	Arterioscle	erotic Heart Disea	se	over 1 yr.	
	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
Y V			,				YES NO	
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home,	ACE OF INJURY (e. g., is farm, factory, street, office bldg., e	o or 21C. WHERE DID (If INJURY OCCUR?	in Baltimore City, giv	e exact location)	
-	21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
			m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended the	deceased from 8-1	4 , 1951, to 8 2	2/1 19 67	that I last saw the	
	deceased al				red at 9.30Pm., from the		date stated above	
	23A. SIGNAT		/)	2	3B. ADDRESS		23c. DATE SIGNED	
		1,xJ.	100	M. D. 4	940 Eastern Ave. I	Balto Md.	8-25-51	
24 TIC	N. REMOYAL (S	REMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. LO	CATION (City, town, or	county) (State)	
6	Luria	(Rugso	28-51	my Cal	vary mely	: Alle	o, ma	
LC	ATE RECEIVED CAL REGISTI	BY REGISTRAR	SIGNATU	IRE (V)	33. FUNERAL DIRECTOR	1 .	ADDRESS	
	A 1 1 1 - 1 - 7	in white for	Mula	MAN, MINE / J. O.	ery Willia	-1575 MC	Kdery H	
	AV8 456	1001 - 0 -	1.7.2.4	ingeneralis h	1			
				1951	0 0 7 4	3	1313	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATI	E OF DEATH Registered No
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) SEORGE H. DAM	PIER 2. DATE OF DEATH AUG 23.1961
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, 1) institution, residence A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL	c. CITY OR TOWN (If outside corporate limits, write RURA) and elve-
3 V	KOCK CREEK
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of ork done) during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yos, give war or dates of service) SECURITY NO.	17. INFORMANT HOPKINS HOSPITAL
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	cin gu atoris 2 mo
injury of complication which caused death.) DUE TO	inoma 1 the colon
ANTECEDENT CAUSES	metios aundi ca zwk.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20, AUTOPSY7
6.8.51 Carcinoma Lolan	i a DEMontilion of Kullestas YES NO
21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, start, office bldg., e	n or 21c. WHIRE DID (If in Baltimore City, give exact location)
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F, HOW DID INJURY OCCUR?
m. WORK AT WORK	0.50 0.03.50
22. I hereby certify that I attended the deceased from deceased alive on 1991, and that death occur	mad at 32 m from the agrees and on the date stated above
23A. SIGNATURE 1 2 2 2	3B. ADDRESS B. 23. DATE SIGNED B. 23. ST
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE.	RYOR GREMITORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. EUNERA DIRECTOR ADDRESS
LOCAL REGISTRAN	

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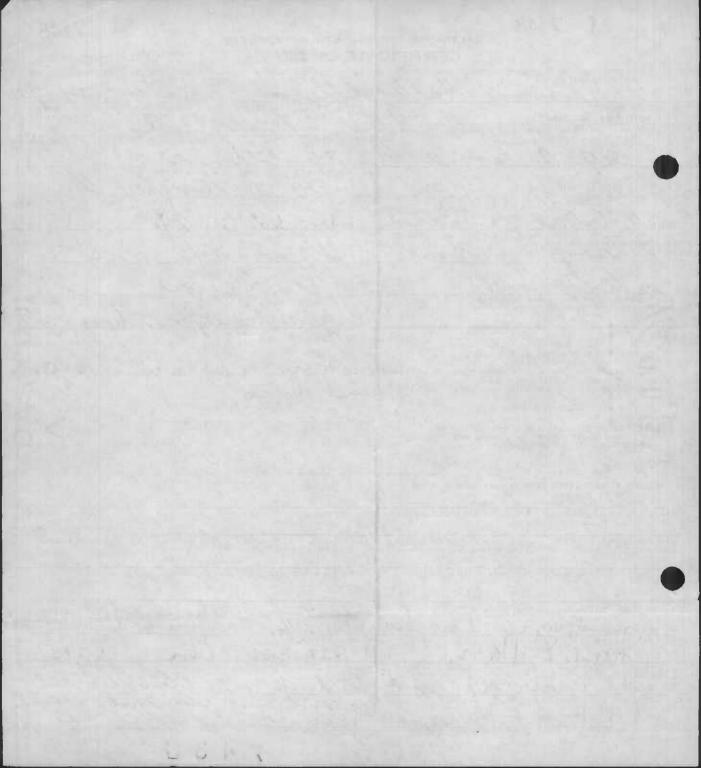
BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.			CERTIFIC	CATE	OF DEAT	Н	Registered	l No	
	NAME OF DEC ype or Print)	EASED	ma c	Halley	! E	Ellison		2. DATE OF DEATH	u.c	24, 1951
	PLACE OF DEA Baltimore Cit			0		A. STATE	ENCE (Wh	B. COUNTY		ition: residence before admission)
H	STITUTION	(If not in hos	Taps	ion, give street add	cation)	c. CITY OR TOWN	Com	Und utside corporate la	nits/write	e RURAL and give
c.	Length of sta	v in Baltimore	02	1 ups.	Yrs. Mos. Days	517 U	1. /	nal, give location)	UR	St.
5.	male 6	Color or RAC	WIDOW	EDDIVORCED (Specify)	SEAST 6	279	9. AGE (In years last birthday)	Il Under I Months: I	Year Il Undai 24 Hours Days Hours Min.
Werl	A. USUAL OCCL	orking life, even if retir	for 108. KIND	OF BUSINESS INDI	OR JST(RY	11. BIRTHPLACE (S	State or fore	eign country)		VHAT COUNTRY
13	FATHER S NA	16	our			14. MOTHER'S MA	IDEN NAM	WE WY		
15 (Ye	. WAS DECEASED	EVER IN II S AR	IED FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT	fi.		ADDRES	ss //
FICATION	(This does n heart failure, injury or co	OR CONDITIONS EADING TO D ot mean the mod asthenia, etc. It r omplication which NTECEDENT CA DR CONDITIONS ABOVE CAUSE NG CONDITION	EATH e of dying, e. g neans the diseas n caused death .USES G. IF ANY, GIVIN A) STATING TH	(B)	len	ordiolic cul cliseas	Curdi	· warele		6 gM.1
CERTIF	TRIBUTING T	II INIFICANT CON TO THE DEATH, B EASE OR CONDIT	UT NOT RELATE	ŁD .						
CAL	19A. DATE OF			FINDINGS OF	OPER.	ATION	Et la la			20. AUTOPSY?
MEDIC		(Specify)	about home, f	ACE OF INJURY farm, factory, street, office	cebldg.,e	L.) INJURY OCCU	R7	in Baltimore City	v, give ex	act location)
	TIME (Me	onth) (Day) (Ye		21E. INJURY OC WHILE AT NOT WORK AT	WHILE	21F. HOW DID	YAULMI	OCCUR?		
		e on 24 ling		deceased from and that death	occur 2		from the	Ange, 19 e earless and on	the dat	t I last saw the te stated above. DATE SIGNED
TI	A. BURIAL, CRE	aug.		MA.	METER	nhun	240. LO	CATION (City, tow	wn, or cou	The (State)
	ATE RECEIVED DEAL REGISTRA		A VILL	OMIA M.R	1	163/ D	RUI.	I will	(DD	ane.

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BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. It institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write hit AL and re-C. CITY OR TOWN INSTITUTION TOHNS HOPKINS HOSPITAL township Yrs. D. STREET ADDRESS (If rural, give location Mos. BALTIMORE c. Length of stay in Baltimore Davs 6. COLOR OR RACE 9. AGE (In years | H Under I Yeer | H Under 24 Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) SINGLE 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) JOSEPH THYLOR INDUSTRY WHAT COUNTRY? UANTIOR BALTIMORE 13. KATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown (If yes, give war nr dates of service) 16. SOCIAL 17. INFORMST HOPKINS HOSPITAL ADDRESS (Yes, no or unknown SECURITY NO. WORLD WAR 7 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) pulmonou enbalon, left (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) chottramberis left les ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) arteur seluotre cardiorias cular duce

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OFERATION

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH-TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

OHNS HOPKINS HOSPITAL

WORK AT WORK

22. I hereby eertify that I attended the deceased from.

deceased alive on 23A. SIGNATURE

AUG 27

190 / to

19 21, and that death occurred at

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) NATIONAL

2m., from the causes and on the date stated above. 23c. DATE SIGNED 25 un 5

1921, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

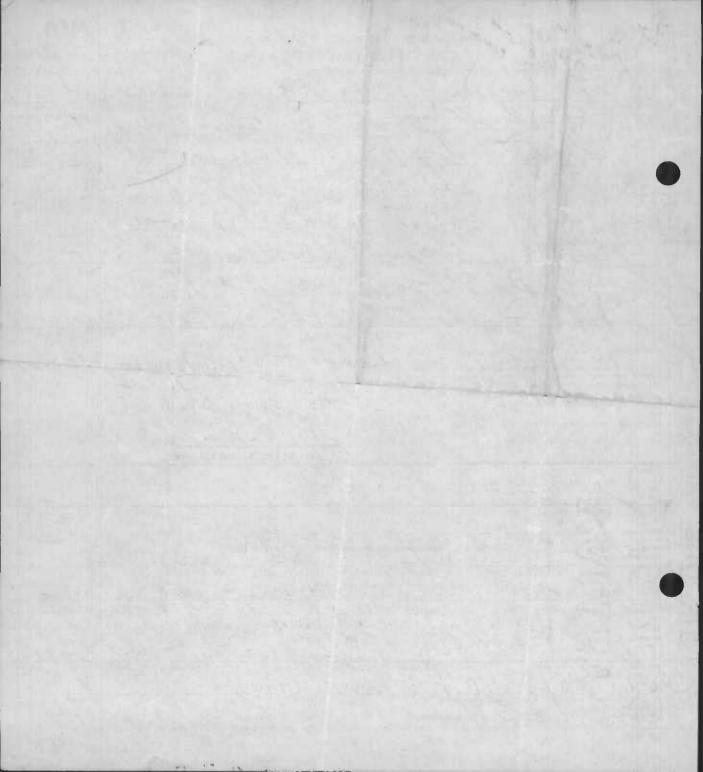
1951 BALTIMORE REGISTRAR'S SIGNATURE water story Millians M.

FREDERICK

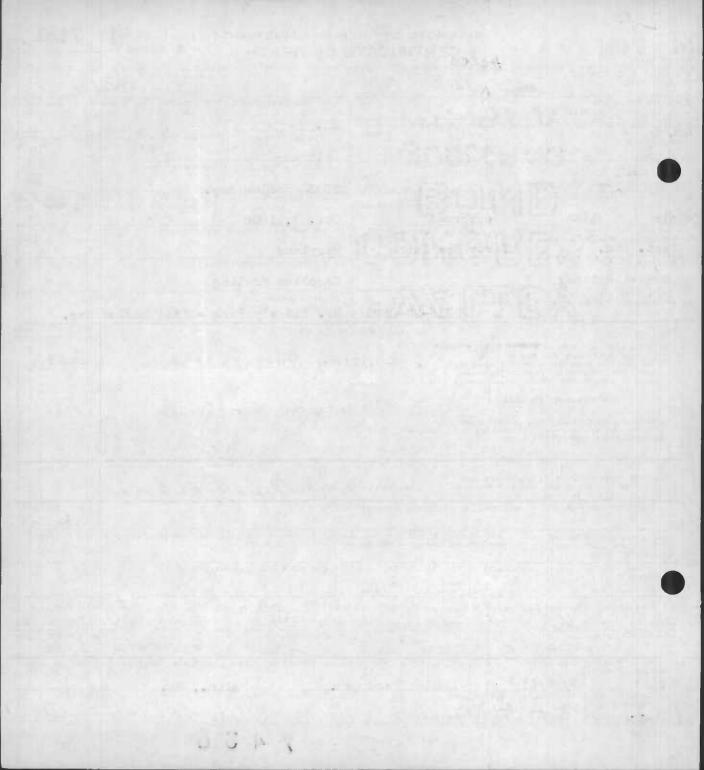
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1800 E LOMBARD ST

2	, 43 ₅₁ 7450 BALTIMORE CITY H	EALTH DEDARTMENT	5.1	7450
NB B	IRTH NO. 49-24729 CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF DECEASED Type or Print) NAME OF DECEASED Type or Print)	4 R.	2. DATE OF QUE	. 24,5,
Α.	PLACE OF DEATH: Baltimore City, Maryland Belltuine	4. USUAL RESIDENCE (W		titution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of location and location) ISTITUTION MUNICIPAL OF (If not in hospital or institution, give street address of location)	BZL f.: MO	outside corporate limits, w	rite RURAL and give
	Length of stay in Baltimore 2 2 (Life Mos. Days	130 C M1	cural, give location)	1,
	Finale Color or RACE 7. SINGLE, MARRIED. WIDOWED DINORCED (Specify	Sept 2 5, 1749	last birthday) Month	Days Hours Min.
wor	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if rotired) NFAV4 NFAV4	BELL WO	reign country) 12	CITIZEN OF WHAT COUNTRY?
13	DAN: EL DE Shielde	14. MOTHER'S MAIDEN NA	Wetkin.	
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT FAFFE	ADDI	RESS +/=AVF
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) (A) OUE TO	OF DEATH Ad ENCEPH	's lopothy	INTERVAL BETWEEN ONSET AND DEATH
ICATION	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	CERTIFICATION APPR	M. D.	n
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21a. ACCIDENT WAS UNDER. LYING OF CONTRIBUTING about home, farm, factory, atreet, office bldg., CAUSE OF DEATH 21a. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg., LYING OF DEATH 21a. INJURY OCCURE	BOS M	urtle GCUR?	exact location)
	Warch, 1951 m. WHILE AT NOT WHILE AT WORK AT WORK	Will planter 4	paint off	wallo
	deceased alive on 125, 1951, and that death occu	red at 4:40 A.m., from the		hat I last saw the late stated above. 3CODATE SIGNED
	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	A MANA	CATION (City, town, or o	county) (State)
TOTAL !	ATE RECEIVED BY REGISTRAR'S SIGNATURE DICAL REGISTRAR AUG 7 7 195	25. FUNERAL DIRECTOR	stead	DDRESS
	N-966.5	0 0 0 0 0	78 CAM	a Hell.



	620		BAL	TIMORE CITY HE	EALTH DEPARTMENT	51	7451
BI	1 /4:	51	Hole	CERTIFICAT	E OF DEATH	Registered No	
	NAME OF D ype or Print)	ECEASED Evel	IN NE	ark		2. DATE OF DEATH 8/2	5/51
Α.		City, Maryland			4. USUAL RESIDENCE (W	Where deceased lived. If in B. COUNTY	stitution: residence before admission)
H	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		outside corp/rate limits/	wite RURAL and give township)
c.	Length of s	tay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If		
	sex nale	6. COLOR OR RACE	WIDOW	MARRIED, ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If Un	der I Year Hunder 24 Hours hs Days Hours Min.
work	A. USUAL OC doceduring most of Sect. Rt	CUPATION (Give kind of working life, even if retired)	10B. KINE	rced OF BUSINESS OR INDUSTRY Box Lunch	Oct. 7. 1906 11. BIRTHPLACE (State or for Maryland		2. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S N	Buttner		(19)	14. MOTHER'S MAIDEN NA		
15	. WAS DECEASE	D EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	Caroline Freitag		DRESS
(Ye	, oo or unknown)	(If yes, give war or date	s of service)	216-29-0922	Mr. Ridgely Park		
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hykno polaring theart Dixare OUE TO Chronic Neghrits; Rhewarts Ht Disease Chronic Neghrits; Rhewarts Ht Disease						SEU. KVS
AL	19A. DATE O	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH	218. PLA about home, f	CE OF INJURY (e. g., ic arm, factory, street, office bldg., e	O OT 21C. WHERE DID (I Stc.) INJURY OCCUR?	f in Baltimore City, giv	e exact location)
-	210. TIME (Month) (Day) (Year)		2 IE. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
	22 77	116 12 12	m.	WORK AT WORK	1 25 107/10	Que 25 1951	
	deceased al	ive on Suc 15	ended the	deceased from and that death occur	red at 124 Am., from the	, , , , , ,	that I last saw the
	23A, SIGNAT		0+	65500 2	3B. ADDRESS /		23C. DATE SIGNED
TIC	A. BURIAL, CON, REMOVAL (SBurial ATE RECEIVED	REMA- pecify) 8/28/51		Loudon Park C	RY OR CREMATORY 240. LO	Ocation (City, town, or	ADDRESS (State)
_	AUG Z /	John McEl	Agra 14HU	inuite, M.F	J.m. J. Juch	mer / Ans	- value na
	VS 150	.6	1	1 5 350	647 13	6	30)



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51 7452 Registered No.

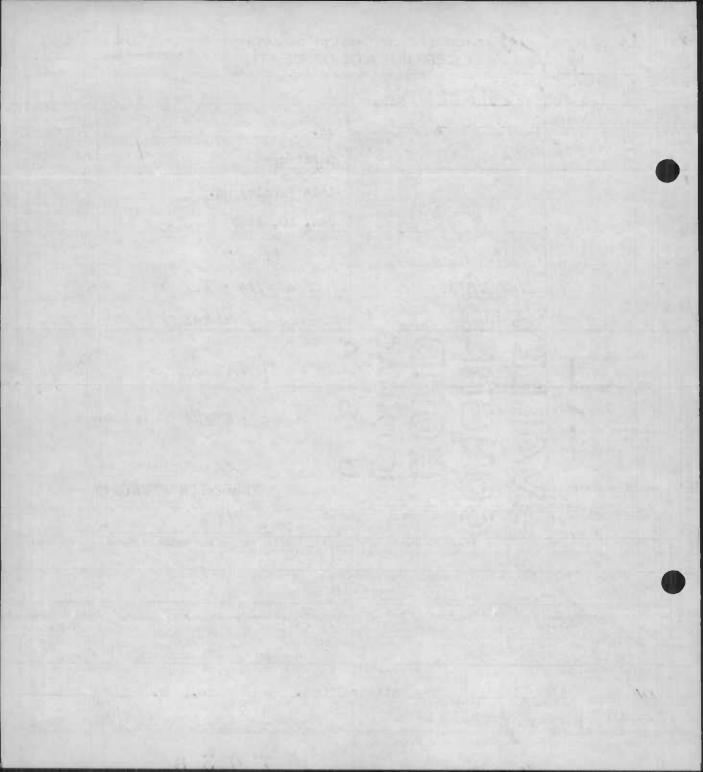
BIRTH NO.	L OF BEATH					
1. NAME OF DECEASED HAZELB. MODDLE	2. DATE OF 8 /26/5/					
3. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RUAL and give					
MARYLAND GENERAL HOSP	Baltimore 9-00 townships					
c. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)					
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Il Under) Year Il Under 24 Hours					
Femile White Widowed (Specify)	April 1895 56 Months Days Hours Min.					
IOA. USUAL OCCUPATION (Give kind of IOB, KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Hairdresser	New York U.S. A.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
tredrich Gallienne	Leonida Sammis					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
CALIEF	OF DEATH INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	eralised Genitomitis					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
ANTECEDENT CAUSES	1. 2					
(B) Vertoration of Solitary						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 5 CEC 5 CEC 5						
UNDERLYING CONDITION LAST.						
E (c) Hunol	ar Larcino Transverse Lolo-					
OTHER SIGNIFICANT CONDITIONS CON-	CERTIFICATION APPROVED BY					
TO THE DISEASE OR CONDITION CAUSING IT.	Dr. C. J. Lubinski					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION per: M. D. 20. AUTOPSY?					
U 214 ACCIDENT CHICIDE 218 DIACE OF INTURY (4 2 1	MINE OF REAL PROPERTY OF THE PARTY OF THE PA					
HOMICIDE (Specify) about bome, farm, factory, street, office bldg., et	tc.) INJURY OCCUR?					
1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
m. WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 8/	2-5_ , 1951, to 8/26 , 1951, that I last saw the					
deceased alive on \$ 126 , 1951, and that death occur	red at 122 m., from the eauses and on the date stated above.					
23A. SIGNATURE Laboration 22	3B. ADDRESS					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
TION, REMOVAL (Specify)						
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR / ADDRESS					
ALICO 71054 tutte to Villiams, Make	Vm. Jo Japien & Aus-Kalto Ma					
VS 150	GF /					
75 11740	05 46E					
	1477					

Nate:
5 his certificate has to be approved by The suedical examiner.

L. Bakhain M.D.

Md. a everal Hespital 8/26/51

		ALTH DEPARTMENT 51 7453					
BIRTH NO.	RIFICATE	E OF DEATH Registered No.					
1. NAME OF DECEASED (Type or Print) LOUIS A. JORI	Au	2. DATE OF DEATH 8 /25/51					
3. PLACE OF DEATH: A Baltimore City, Maryland /863		4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
B. FULL NAME OF (If not in hospital or institution, a HOSPITAL OR INSTITUTION 1514 FERNLEY Rd	landiam)	C. CITY OR TOWN (If outside corporate mits, write EURAL, and give township)					
	58 Yrs.	Baltimore o. STREET ADDRESS (If rural, give location)					
a Langth of stay in Poltimore	Mos.						
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. M.	Days ARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 ilouis					
MAGE WHITE SING	DIVORCED (Specify)	Jan. 20, 1863 last birthday Months Days Hours Min.					
10A. USUAL OCCUPATION Give kind of vork done during most of working life, even if retired) ALES MAN MERCHAN	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER S NAME		14. MOTHER'S MAIDEN NAME					
FRANCIS P. WORDAN		ISABELLA T. SCHRECK					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or utchnown) (If yes, give war or dates of service)	SOCIAL SECURITY NO.	MR. JOHN E. WHERRETT IS14TERNLEY N					
110 145		OF DEATH					
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY							
DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES (B) ARTERIDSCHEROTIC GARDIOVASCULAR DISCASE							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
11 CO PHADNIC MYDCARDITIS							
OTHER SIGNIFICANT CONDITIONS CON-	OTHER SIGNIFICANT CONDITIONS CON-						
O TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FIN	NDINGS OF OPER						
4		per: // No No No					
	OF INJURY (e. g., in actory, street, office bldg., e						
	INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?					
INJURY WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the dec	22. I hereby certify that I attended the deceased from \$ \(\sum_{\text{f}} \), 195/, to \(\text{6}\), 195/, to \(\text{6}\), 195/, to \(\text{causes and on the date stated above.} \)						
23A. SIGNATURE	M. D.	38. ADDRESS 23C. DATE SIGNED					
24A. BURIAL, CREMA: 24B. DATE 24C.		RY OR CREMATORY 240. LOCATION (City, town, or county) (State)					
TION, REMOVAL (Specify) Burial 8/29/51	New Cathedr	al Com. Balto. Md.					
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	MA, M.F	25 FUNERAL DIRECTOR ADDRESS					
VS 150		025 MI.					
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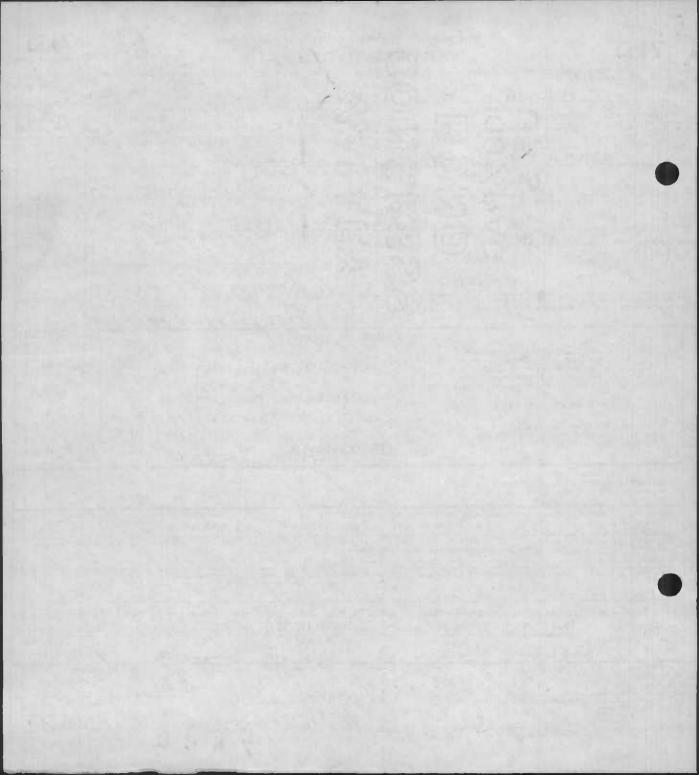
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE NAME OF DECEASED OF (Type or Print) DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF (If outside corporate l'mits write RURAL and giv location) HOSPITAL OR INSTITUTION 330 Yrs. (If rural, give location) Mos c. Length of stay in Baltimore, Days AGE (In years | H Under I Year | H Under 24 Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) vidowed 10B KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME MOTHER'S MAIDEN NAME wahum 15. WAS DECEASED EVER IN & S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. INTERVAL BETWEEN CAUSE OF 18. DEATH 420,0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH if dans (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPS 1 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION YES EDICA (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) NOT WHILE WORK AT WORK , 195/to 8 - 26-, 195/that I last saw the 22. I hereby certify that I attended the deceased from 8m., from the causes and on the date stated above. deceased alive on 8-26- 195/, and that death occurred at_ 23c. DATE SIGNED 23B. ADDRESS 23A_SIGNATURE 8-27-5 3 Callodial 80 24C NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City own, or county) BURIAL, CREMIA-REMOVAL (Specify wax ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2100

Soo Cather 401 330 Johnson

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1751	7455
Registered No.	7 200
2. DATE	
DEATH 8- 2	1-21
ere deceased lived. It inst	before admission)
utside corporate limits, w	rite RURAL and give
	township)
iral, give location)	
9. AGE (In years If Unde	丁
last birthday) Month	1 Year II Under 24 Hours B Days Hours Min.
69 yrs	CITIZEN OF
12	WHAT COUNTRY?
4E	U. S. A
ΛΕ ——	
T FDEL	EN
1 Record	RESS
1.0000	INTERVAL BETWEEN
	ONSET AND DEATH
M	24 has
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URE +	40 his
OLD AGE	100.
STOMACH	4-8 mas
	20. AUTOPSY?
LACH	YES NO
in Baltimore City, give	
in Battimore City, give	exact location)

1. (T	NAME OF D	^				2. DATE OF	
_	111	HMELI	A E	YOU		DEATH 0	51-21
Α.		City, Maryland			4. USUAL RESIDENCE (W	here deceased lived. In B. COUNTY	institution: residence before admission
	FULL NAME	OF (If not in hospit	tal or institution,	give street address locatio	or V-	Hor	
IN	ISTITUTION	13			C. CITT OR TOWN		ts, write RURAL and give township
_		UNIVERSIT	Y HOSP		ELKRIPGE	3	0.00
				Yrs Mos		ural, give location)	
		tay in Baltimore		6 Day	3) 1111 Huc	USTINE	ST
5.	SEX	6. COLOR OR RACE		ARRIED, DIVORCED (Speci	B. DATE OF BIRTH	9. AGE (In years last hirthday) M	if Under 1 Year If Under 24 Hours on the: Days Hours: Min.
	F	W		LDOWED	MAY 24 1882	69 Vas	ontins. Days Hours Mill.
l O	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108 KIND OF	BUSINESS OR	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF
	HOUSE	WIFE		INDUSTR	MD		U. S. A-
13	FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME	0.3.14
	D	ENTON	CONTON)	MARGARE	T En	- L Ex 1
15	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16	S. SOCIAL	17. INFORMANT		LEN
ľo	NO OF URKNOWN)	(If yes, give war or date	es of service)	SECURITY NO.	11-12		DDRESS
-					17185p1/a	1 Record	/
	18.	/X		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION LEADING TO DEA	DIRECTLY				
	(This does	not mean the mode ore, asthenia, etc. It mes	of dving, e.g.,	(A) CAR	DIO - RESPIRATO	RY	24 hrs
	injury or	complication which	caused death.)	DUE TO	COLLAS		- 11.0
		ANTECEDENT CAUS	SES	GEN	PERALIZED DEBILI	TATION	- 3 Mos.
	(B) OPERATIVE PROCEDURE +						40 his
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO						
3	UNDERLYING CONDITION LAST. (C) CARCINOMA OF STUMPEN						4-8 mus
2				(C) C.1.1.1	(INOPERAB	LE)	1, 0, 11,00
		11					
	TRIBUTING	IGNIFICANT COND	NOT RELATED				
5		SEASE OR CONDITION					
1	_			RABLE OF	ERATION STO		20. AUTOPSY?
5		5-51					YES NO
		ENT WAS UNDER. R CONTRIBUTING	about home, farm,	factory, street, office bld	(III) (III) (III) (III) (III) (III) (III) (III)	f in Baltimore City,	give exact location)
	2-10. TIME (Month) (Day) (Year	(Hour) 21E.	INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	NJURY		WHILE				
			m. wor			A 0.0 5	.1
1		y certify that I att		eased from	Aug 21, 1951, to 1	Hug 21, 195	1, that I last saw the
	deceased al		_, 19_ 5 1_, and	that death occ	urred at 12:45 A., from th	re earlises and on t	
Н	ZJA. SIGNAI	Robert.	1m.		238. ADDRESS	- 1	23C DATE SIGNED
2 4	IA. BURIAL, C		1 246	MAME OF CEME		CATION (City, town	3-27-51 or county) (State)
35	EMOVAL (S	pecify)	/2 - ¥	OSP #1/1	Plan	y Spring	M
0/	TE RECEIVED	BY REGISTRAR	SSIGNATURE	000 /11/1	25 FUNERAL DIRECTOR	0	ADDRESS
- 0	CAL REGISTI	RAR			HMV Carlo	(1 1	willant FI
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				Part of the state			466



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1	174 4 1 0		TH DEPARTMENT OF DEATH	Registered No	
	NAME OF DECEASED Annie E.B.	ishop		2. DATE OF DEATH AUG	25 1951
	PLACE OF DEATH: Baltimore City, Maryland		STATE STATE	Where deceased lived. If in	before admission)
HO	FULL NAME OF (If not in hospital or institution, give s SPITION STITION SELLONG GENERAL GRAND STITION STIT	Innation)	CITY OR TOWN ALL	foutside corporate livita,	wite RURAL and giv township.
c.	Length of stay in Baltimore	P Yrs. D.	STREET ADDRESS (III	rural, give location)	WE
	SEX 6. COLOR OR RACE 7. SINGLE, MARRI WIDOWED, DIVO	ED. 8.	AR. 5 1901	9. AGE (In years lift) last highligh Mon	nder I Year the Days Hours Min
Work S	A. USUAL OCCUPATION (Give kind of loss. KIND OF BUS dozing most of working life, even if retired)	INDUSTRY	an Casler	foreign entry)	2. CITIZEN OF WHAT COUNTRY?
13	Jacob & Frey	14	Relle 2	3/1/a bero	ger.
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SO , no odunknown) (If yes, give war or dates of service) SEC	CIAL 17	INFORMANT DIS	hop Sa	bress me
	18. /74x	CAUSE OF	DEATH	1	INTERVAL BETWEEN DNSET AND DEATH
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE		come fosis	, abdenien	6 mos
	ANTECEDENT CAUSES	10		/	
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE UNDERLYING CONDITION LAST.		come of	uferus	12/8
FIC					
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT				
1	19A. DATE OF OPERATION 19B. MAJOR FINDIN	GS OF OPERATI	ON		YES ND N
MEDICAL	21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory CAUSE OF DEATH		21c. WHERE DID (INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
	INJURY WHILE AT	NOT WHILE	21F. HOW DID INJUR	Y OCCUR?	
	m. WORK L		1951, to (lug 25 , 195%,	that I last saw the
	deceased alive on Cluby 75, 1951, and that	t death occurred	lat 9:45 Am., from	the causes and on the	date stated above.
	23A. SIGNATURE / Vallener	м. р.	100 Hork	Park	23c. DATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE / 124C NAM	DA LAUR		OGATION (City, town, o	Ballo Cold.
LC	THE RECEIVED BY REGISTRAR'S SIGNATURE	, /	SAMPIND !	Imo 6 490	S Jort Rd.

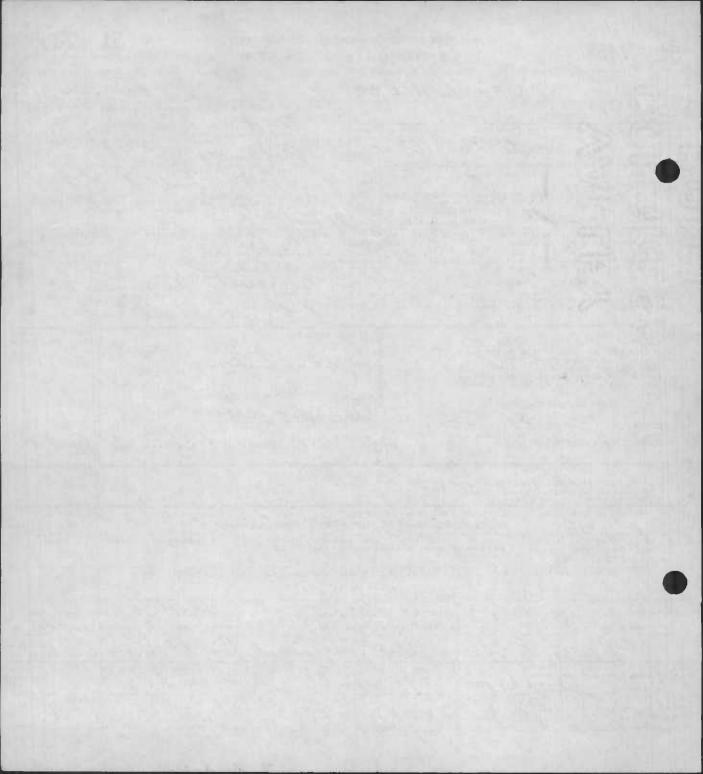
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print)/ DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH A Baltimore City, Maryland Balto. B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate hasts, welle 11 NAT and are INSTITUTION Johns Hopkins Hosp. Baltimore (if rural, give location) D. STREET ADDRESS Yrs. Mos. 1611 East Monument Street 10 Yrs. eth of stay in Baltimore Days 9. AGE (in years) If Under 1 Year 6 COLOR OR RACE 7. SINGLE, MARRIED, If Under 24 Hours last birthday) Months: Days Hours: Mir. WIDOWED, DIVORCED (Specify) Male Married 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Darlington S.C. Factory 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Briston 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. (Yes. no or unknown) No n. Hurhen INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Stab Wound Left Chest LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) "With Left Hemotherax and ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (c) Hemogericardium UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTO, 5Y (If in Baltimore City, give exact ocation 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) Caroline & Monument Streets Street 2 IF. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY 5, 1951 11:30 P.m. NOT WHILE Sharp instrument 22. I certify that I took charge of the remains described above, held an Autopsy, Anspects a or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [undetermined 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 23A. SIGNATURE MEDICAL INVESTIGATOR 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Darlington RECEIVED BY AUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Villians, Mit V S 151

5510002112

466



51 7459 CERTIFICATE	5
1. NAME OF DECEASED (Type or Print) MARIE S- SCHROEDER	2. DATE OF DEATH 8/26/51
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimare B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Haspital	4. USUAL RESIDENCE (Where deceased lived, It institution; residence A. STATE B. COUNTY before admission Md C. CITY OR TOWN (If outside corporate limits, write RURAL and give Duwdalk Md.
c. Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If rural, give location) 3 Shipping pl;
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Min
10A. USUAL OCCUPATION (Give kind of Nork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MATTHIS SCHROEDER	Frederich
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Achrocler 3 Styring
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	OF DEATH INTERVAL BETWEE DASET AND DEAT
heart failure, asthenia etc. It means the disease	

injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.

19A. DATE OF OPERATION

21A. ACCIDENT, SUICIDE.

& vanguerse

(e. g., in or

21c. WHERE DID

(Specify) about home, farm, factory, street, office bldg., etc.) HOMICIDE

ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

NOT WHILE WHILE AT

22. I hereby certify that I attended the deceased from_

deceased alive on 8 26/ 1951, and that death occurred at 11. 23A. SIGNATURE

SIGNATURE

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

(If in Baltimore City, give exact location)

26, , 1951, that I last saw the

om., from the causes and on the date stated above, 23c. DATE SIGNED

ADDRESS.

20. AUTOPSY

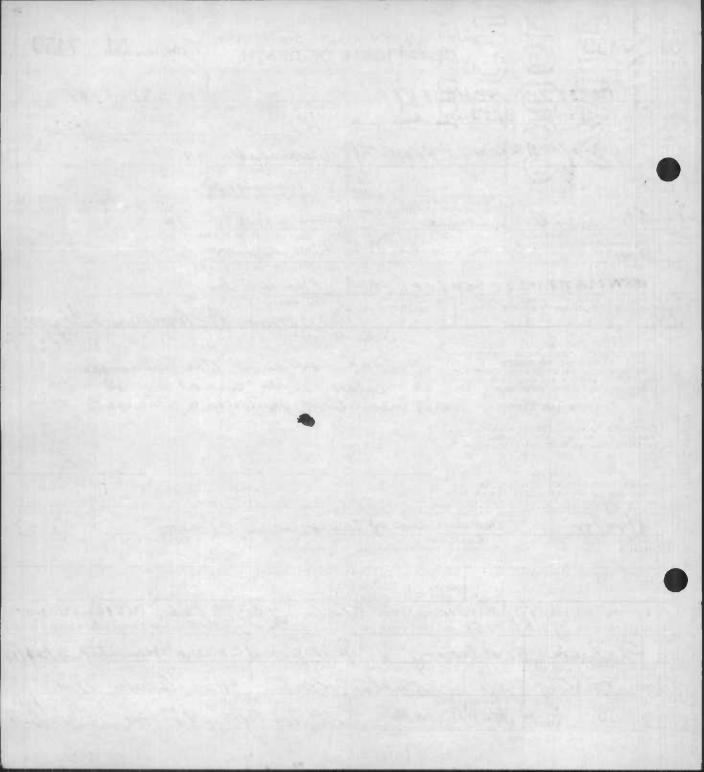
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DATE RECEIVED BY

ERTIFICATION

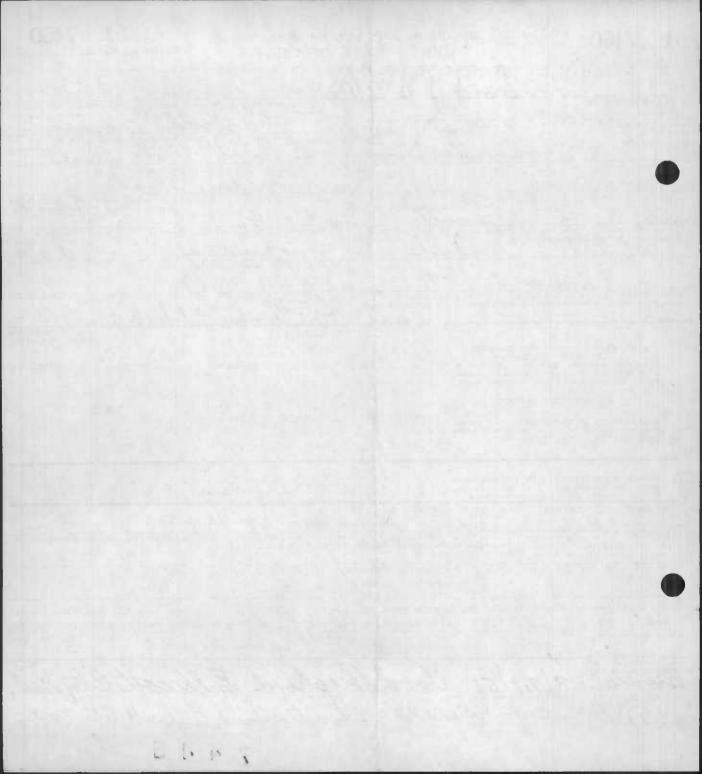
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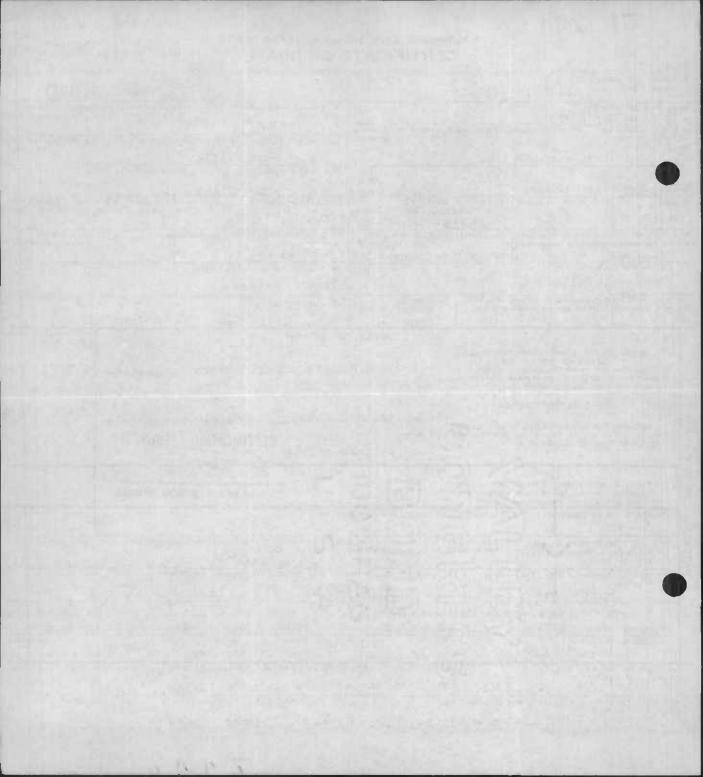
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430 51 7460
BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION

-	45	54 1400					
T.	7460 BALTIMORE CITY HEALTH DEPARTMENT 51 7460						
В	CERTIFICATE OF DEATH Registered No						
1.	NAME OF DECEASED	1 2. DATE					
(7	(ype or Print) / homas W. Collete	te, dr. OF 8-25-1951					
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. GOUNTY before admission					
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland Howard					
	OSPITAL OR location	C. CITT OR TOWN (II dutside corporate limits, write RU lea L and give					
6	SI Aguels Hospital	Elicalt City (Rural) township					
	Yrs.	D. STREET ADDRESS (If rural, give location)					
C.	heigth of stay in Baltimore Mos. Days	Prederich Road					
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years II Under I Year It Under 74 House					
	vale white single	1/-/9-41 9					
wor	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR A done during page to f working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
_	Student School	Maryland U.S.A.					
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	I homas Collette	Marie Miller					
15 (V.	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 6. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS					
(10	s, no or unknown) (11 yes, give war or dates of service) SECURITY NO.	In Thomas W Clothe Ell of Ct me					
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	ON DEATH						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
	injury or complication which caused death.) DUE TO						
1	ANTECEDENT CAUSES						
NO	DISEASES OR CONDITIONS, IF ANY, GIVING						
IF.	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
CA	(C)						
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H	OTHER SIGNIFICANT CONDITIONS CON-	L. Tarker					
CE	TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	e leames					
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Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ZED 21F, HOW DID INJURY OCCUR?					
	INJURY WHILE AT NOT WHILE						
	m. WORK AT WORK						
10	22. I hereby certify that I attended the deceased from	, 19 , to, 19 , that I last saw the					
	deceased alive on, 19, and that death occur						
	23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED					
- 2	M. D. A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE	PMOD CREMATORY 2/2 OCATION (City)					
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RYOR CREMATORY 240. LOCATION (City, town, or county) (State)					
-	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS ADDRESS					
L	OCAL REGISTRAR	16 + 1 . CON . 11 0. + 6 1					





BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED DATE (Type or Print) OF OSEPH DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, It institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Monaya HOSPITAL OR location | (If outside corporate limits, write RURAL and give C. CITY OR TOWN 411100 Yrs. D. STREET ADDRESS (If rural, give location) -Mes. c. Length of stay in Baltimore Days 5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under 1 Year Il Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Marine 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) willes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yee, no or unknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA YES X 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from . 19 5 to 6 - 19 5, that I last saw the deceased alive on Bank

, 19 SI. and that death occurred at m., from the causes and on the date stated above. 23A SIGNATURE 238. ADDRESS 23c. DATE SIGNED 111 111010 9-1)-24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B DATE 24C, NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, or county) (State)

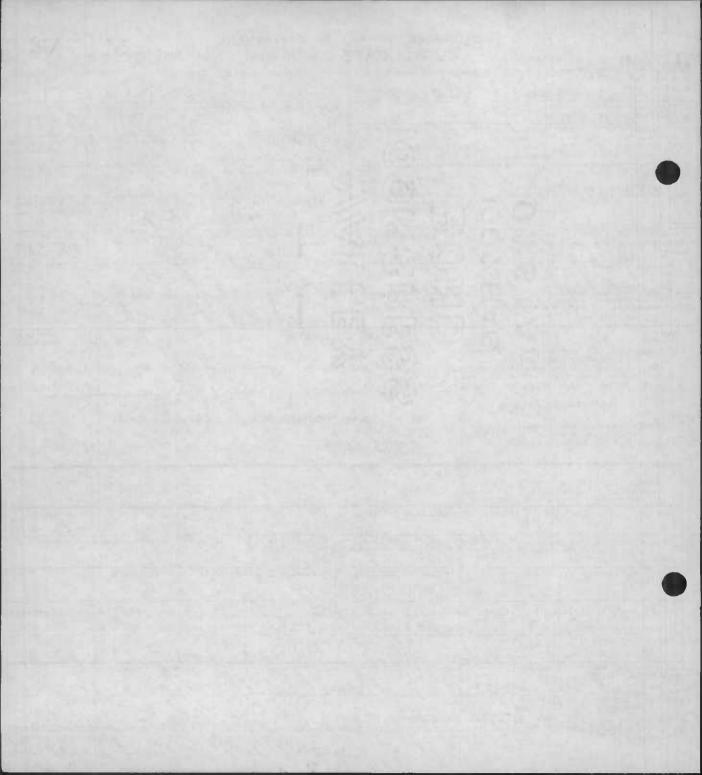
25. FUNERAL DIRECTOR

LOCAL REGISTRAR THE CHA VS 150

REGISTRAR'S SIGNATURE

DATE RECEIVED BY

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 1mm5 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If Institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, weits RURAL and give INSTITUTION D. STREET ADDRESS_ (If rural, give location) Yrs. Mos. ARCL AY ST c. Length of stay in Baltimore Days 5. SEX 9. AGE (In years | | Under | Year | H Under 24 Hours | Months Days | Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF Il Under 24 Hours WIDOWED_DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? EMPLON UMBING A GIRCENIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1mm3 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CERTIFICATION (B) .. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from 19 3 that I last saw the deceased alive on. 19.5 and that death occurred at m., from the causes and on the date stated above 23B. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-248. DATE 24D. LOCAZION (City, town, or county) TION -REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR AU VS 450

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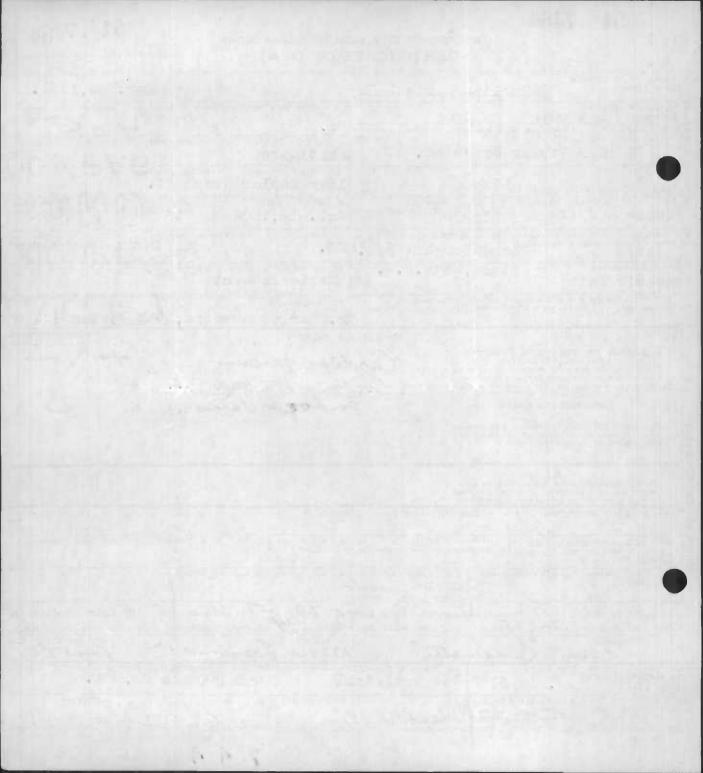
51 7464

Registered No-I. NAME OF DECEASED (Type or Print) of Aug. 25,1951. Pauline Marie Dalby 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1529 Poplar Grove St. Baltimore D. STREET ADDRESS Yrs. (If rural, give location) 1529 Poplar Grove St. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year last bothday) Months Days Hours: Min. STATE (Specify) White Femalo Oct. 12,1884 10A USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dood wing most of working life, even if retired. WHAT COUNTRY? andsburghs Jept" Md. 13. FATHER'S NAME Store Wash.D. .. 14. MOTHER'S MAIDEN NAME Marie Pasquet Francois Dalby 15. WAS DECEASED EVER IN U, S. ARMED FORCES?
(Yes no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mr. Charles Gundina, 1529 Poplar Grove 18. 421,4 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Chronic My ocar dites + LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT 22. I hereby certify that I attended the deceased from and 20, 195, to any 25, 195, that I last saw the deceased alive on and 2519 and that death occurred at 5.39m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) Baltimore 29. Md. New Cathedral Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE

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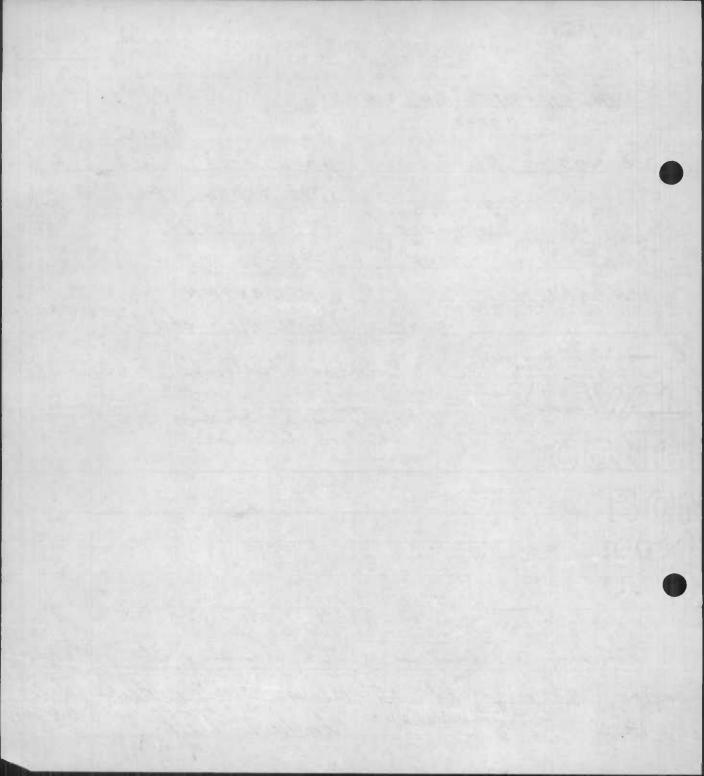
25 FUNERAL DIRECTOR

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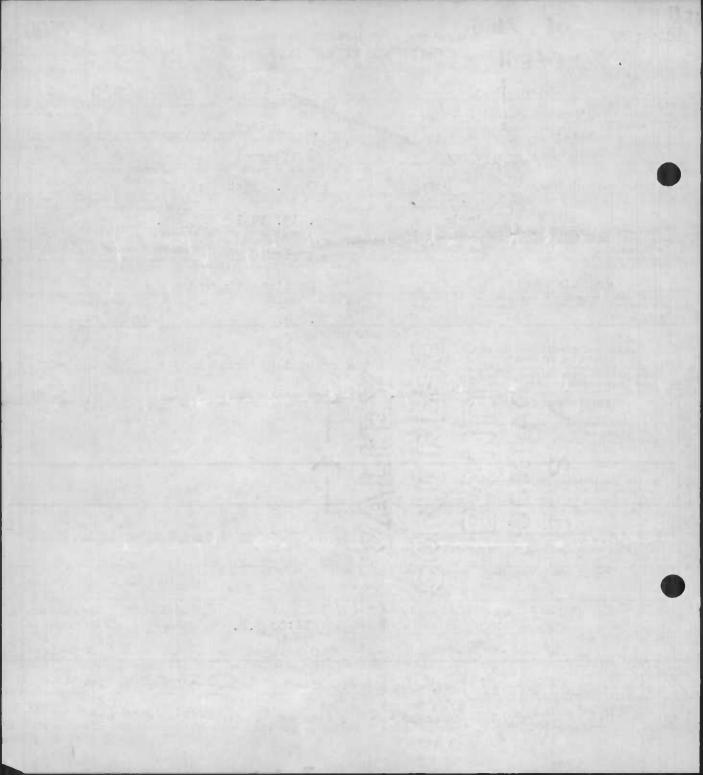


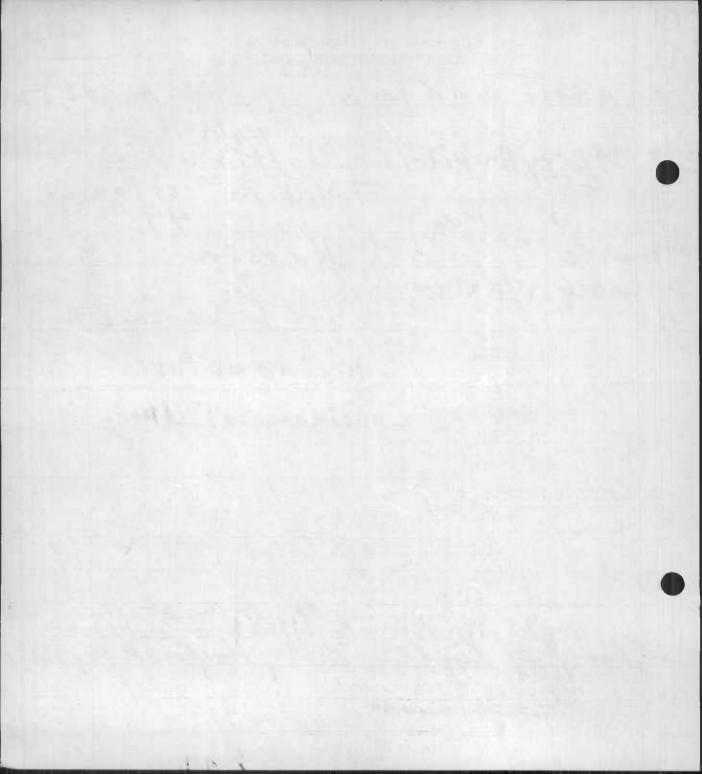
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.			CERTIFICATI	E OF DEATH	registered	I IVO.
1. NAME OF C	DECEASED		11 1-	4	2. DATE	
	VALENT	INE	MAJEW.		DEATH 7	26-61
a. Baltimore	City, Maryland	BALT	0	4. USUAL RESIDENCE (B. COUNTY	before admission)
B. FULL NAME HOSPITAL OR			ion, give street address or location)	MD.	BALT	+0
INSTITUTION	W 4/2 m	1	iocation,	c. CITÝ OR TOWN (I	f outside corporate lin	nits, write RURAL and give
300	ANORE	ST	Yrs.	o. STREET ADDRESS (II	f rural, give location)	1-1-0
c Length of s	stay in Baltimore		Mos.	1300 AND	1	
5. SEX	6. COLOR OR RACE		Days E. MARRIED,	8. DATE OF BIRTH	9. AGE (In year:	If Under I Year If Under 24 H vis
M	141		ED, DIVORCED (Specify)		7 2	Months Days Hours Min
10A. USUAL OC	CCUPATION (Give kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
ork done during most	of working life, even if retired)		NAME INDUSTRY	PAL AND		WHAT COUNTRY
13. FATHER'S	NAME	,/	00/4/-	14. MOTHER'S MAIDEN N	IAME	
111	VKNOW N	/		UNKNO	IVN	
15. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17 INFORMANT	1	388 TANDRE ST
NO	, (, , , , , , , , , , , , , , , , , ,		NONE	James Mas	weshe "	000 11.00
18. 4.	20.1		CAUSE	OF DEATH		INTERVAL BETWEEN
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	complication which					
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DISEASE	S OR CONDITIONS, I	F ANY. GIVIN	(B) Type	asing cor	20-20	0-
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3			(C)	***************************************		
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	SIGNIFICANT CONDI			-		
	DISEASE OR CONDITION			ATION		20, AUTOFSY?
A ISA. DATE	OF OPERATION 1	SB. MAJOR	FINDINGS OF OPER	ATTON		YES NO
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CAUSE OF	DEATH	about home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
D. TIME	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
INJURY		m.	WHILE AT NOT WHILE		-1-	
22. I herel	by certify that I att	tended the	0	124 1957 to	8/26 19	Shat I last saw the
deccased a	11/1		and that death occur	red at & c.m., from		the date stated above
23A. SIGNA		2:0	12	3B. ADDRESS / /	P	23c. DATE SIGNED
n number	Hurry L	Leil	M. O. /		LOCATION (City, toy	yn, or county) (State)
24A. BURIAL, TION, REMOVAL (Specify) 248. DATE	,-,	P / CEMETE			ilh
DURIPL DATE RECEIVE	ED BY REGISTRAR	S SIGNATE	DA. Dram	25. FUNERAL DIRECTOR		ADDRESS /
LOCAL REGIST			YMiania, Mill	11.16 70	95-11/19	1018 For cha
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Н	C_151606	51. 7	PODBA	LTIMORE CITY HE	ALTH DEPARTMENT	53	7466
	RTH NO.	51-2586	22		E OF DEATH	Registered No.	
	NAME OF D			7.7.0		2. DATE OF O. IOC I	
_		Rebecca	Davis			DEATH 0/20/	
3. A.	Baltimore C	City, Maryland	allo .	coly	4. USUAL RESIDENCE (W	B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue Yrs.					Maryland		
					township)		
					Baltimore Supering Street Address (If rural, give location)		
Mos.					1500 E. Pratt Street		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,					B. DATE OF BIRTH 9. AGE (In years) If Under Year If Under 24 Hours		
	F N Single				Aug. 19, 1951	bast birthday) Month	hs Days Hours Min.
10	IOA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OF				11. BIRTHPLACE (State or for		2. CITIZEN OF
orl	ork done during most of working life, even if retired)				Maryland	4	WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME		
Johnnie Davis					Pauline Anderson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL					17. INFORMANT		DRESS
Yes	, no or unknown)	(fl yes, give war or date	of service)	SECURITY NO.	B.C.H. Records		tern Avenue
	18 7/	^ ^		CAUSE	OF DEATH	E 177 177 177 1	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						ONSET AND DEATH
					cranial Hemorrha	20	5 Davs ?
	heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) DUE TO						***************************************
ì	ANTECEDENT CAUSES						
z	(B)						
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
¥	UNDERLYING CONDITION LAST.						
	OTHER SIGNIFICANT CONDITIONS CON-						
T.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION		20. AUTOPSY?
Y							YES NO X
EDIC	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, atreet, office bldg., etc.) CAUSE OF DEATH 21b. PLACE OF INJURY (e. g., in or land) 21c. WHERE DID 1NJURY OCCUR?						e exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					OCCUR?	
L	m. WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 8/24/51, 19, to 8/26/51, 19, that I						that I last saw the
Ĭ	decrased alive on 8/26/51, 19, and that death occurred at 12:20 m. Nom the causes and on the d						
ı	23A. SIGNAT		Yar		3B. ADDRESS		23c. DATE SIGNED
		C30. C	Noze	M. D.	4940 Eastern Aver		8-27-51
710	NA. BURIAL CONTREMOVAL (S	CREMA- 24B. DATE pecify)	~	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LC	CATION (City, town, or	county) (State)
1	Succes	- 15-28	- 91	ms calve	y cer 13c	my	DDBESS
	ATE RECEIVED		S SIGNAT	VH.	25. FUNERAL DIRECTOR	1000 1000 V	DDRESS Legalty
	AUG 78	المرابعة المرابعة	verto !	Shier Street Pulling	acogo, wa	2,0,1,0,0	doil
	VS 150	Asset 1	- CYPE	Transport of the second			
			· · · · · · · · · · · · · · · · · · ·	TI I R			160a
	W 20				0 7 2		





Registered No ... BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE RINEHARDT DEATH August 27, 1951 JOHN 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If instit tion; residence B. COUNTY before admission) A. Baltimore City, Maryland Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate limits, write Rt RAL and pro-INSTITUTION South Baltimore Gen. Hosp. Baltimore D. STREET ADDRESS (If rural, give location) Mos. 433 Freeman Street igth of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 6 COLOR OR RACE 9. AGE (in) ears | If Under 1 Year | If Under 24 Hours | Months: Days | Hours : Min. Male White 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTH: ACE (State or for. ac my 12. CITILEN O. work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY Warehouseman Curtis Bay Ord. Dep. Baltimore 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Jacob Lula Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO W W #2 Yes Family - Same INTERVAL BETWEEN CAUSE OF DEATH 7214 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of right arm (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) -OHE-TO ANTECEDENT CAUSES (B) Subdural hematoma RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198. MAJOR FINDINGS OF OPERATION 20. AUTOFSY 19A. DATE OF OPERATION 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location 21A. EXTERNAL CAUSE WAS UNDERLYING [OR CONTRIB-UTING [CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) Gov. Ritchie Highway at Ordinance Depot Road Road 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED Auto overturned August 11. 1951 2:50 A. m. WORK AT WORK

22. I certify that I took charge of the remains described above, held an autopsy

the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes 23A. SISNATURE

REGISTRAR'S SIGNATURE

MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY!

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

, accident 📉, su ciae [. homicide 🗀 undeterm ned [AUG. DATE SIGNED 240. LOCATION (City, town, or county)

thereon and

24A. BURIAL, CREMA-TION, REMOVAL (Specify) B DATE RECEIVED BY

4B. DATE

8/30/5I Baltimore National

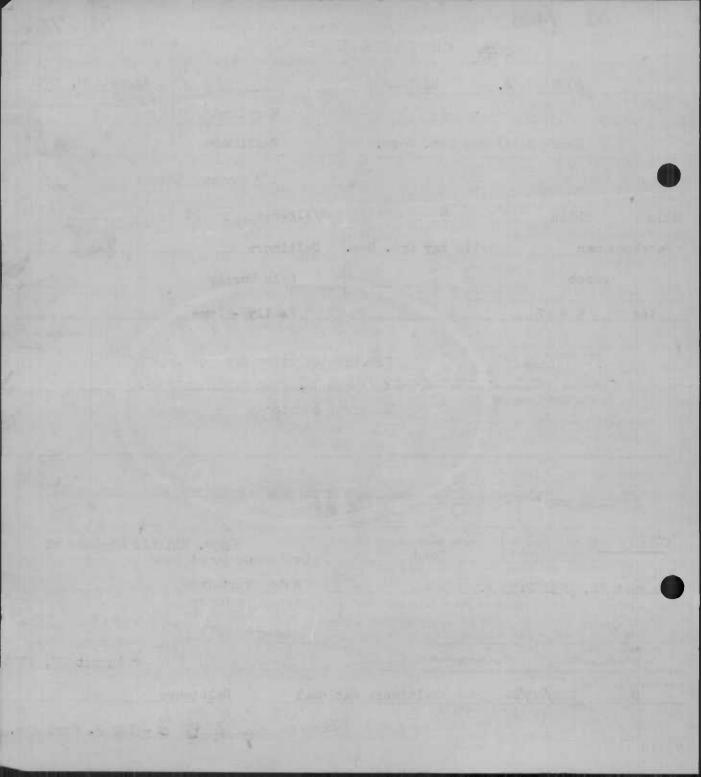
25. FUNERAL DIRECTOR

Baltimore

Autopsy, Inspection or Inquiry

LOCAL REGISTRAR

V S 151



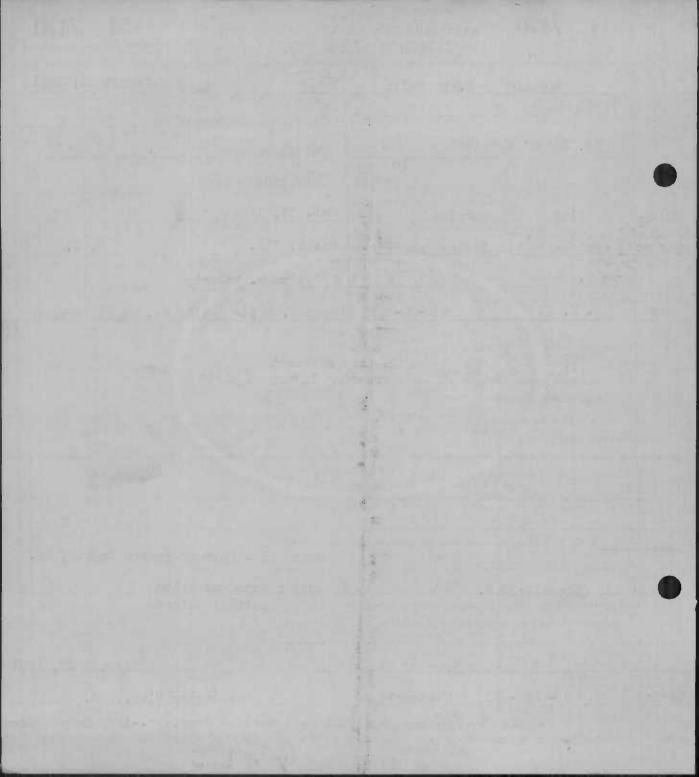
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7469

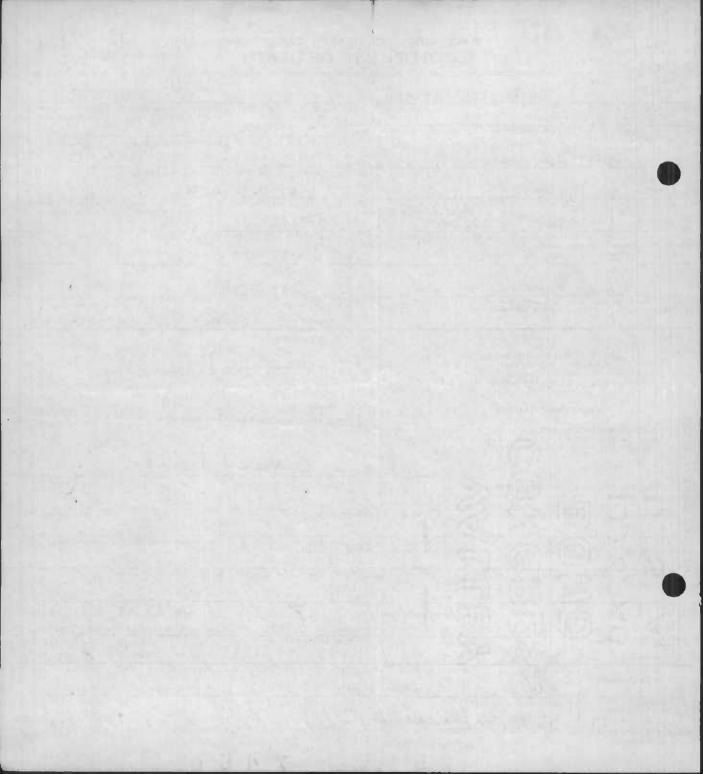
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE SIMONI (Type or Print) GOELLE & 8/26/51 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. O. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLECMARRIE OF BIRTH 9. AGE (In years It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours, Min 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, gven if retired) INDUSTRY WHAT COUNTRY? dioreman many 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. go or uoknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uoknowo) SECURITY NO. INTER AL BETWEEN 18. CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES DE (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that Lattended the deceased from 8/2 5 8/26 , 1951, that I last saw the 195/ to 26. 19.51. and that death occurred at 11.58 m., from the causes and on the date stated above. deceased alive on_____ 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify) unia DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR The state of the s

Mrs. Hiera Erabenstein 1429 M. Decker Aue. Zone *13

ENGH COURS



5), /4/1	BALTIMORE CITY HE CERTIFICATE		Francisco September 1985 September 1	7471
1. NAME OF DECEASED	1919-111		2. DATE	
(Type or Print) Catheri	ne Fletcher		OF DEATH 8/2"	7/51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE () A. STATE	Where deceased lived. If ins B. COUNTY	titution: residence before admission)
B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)	c. CITY OR TOWN (I	f outside corporate limits, w	
1611 N.Regeste	r St.	Baltimore	5-0	township)
	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore	Tife Mos. Days	1611 N.Rege		
WI	NGLE, MARRIED. DOWED, DIVORCED (Specify) 1dowed	8. DATE OF BIRTH 6/3/61	9. AGE (In years li lind last birthday) Month	er i Year If Under 24 Hows is Days Hours : Min.
10A. USUAL OCCUPATION (Givekind of 10B.		11. BIRTHPLACE (State or f	foreign country) 12	CITIZEN OF
at home	INDUSTRY	Baltimore		WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
Mhoma a Womm		Flienhoth		
15. WAS DECEASED EVER IN U, S. ARMED FORCE	ES? 16. SOCIAL	Elizabeth	ADD	RESS
(Yes, no or unknown) (If yes, give war or dates of servi	security No.			
18. 4201		Raymond Fletch	ier, Torr veke	ester St.
V 21A. ACCIDENT, SUICIDE. 21B	g, e.g., (A) disease, death.) DUE TO GIVING NG THE DUE TO (C) GON- ELATED ING IT. JOR FINDINGS OF OPER PLACE OF INJURY (e.g., inhome, farm, factory, street, office bldg., e.g., inhome, farm, factory, street,	n or 21c. WHERE DID (table) INJURY OCCUR?	Clf in Baltimore City, give	20. AUTOPSY? YES NO Exact location)
22. I hereby certify that I attended deceased alive on A 1, 19	and that death occur	7 2 7, 19 17, to		date stated above
SIGNATURE RUE	try M.D.	1705M Wash	who St	8/27/57
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Burial BACT 8 1951 AUG 2 8 1951	Loudon Par		eltimore /mam/16.39	Md. DDRESS Broadway 14a



OTHER SIGNIFICANT CONDITIONS CON-

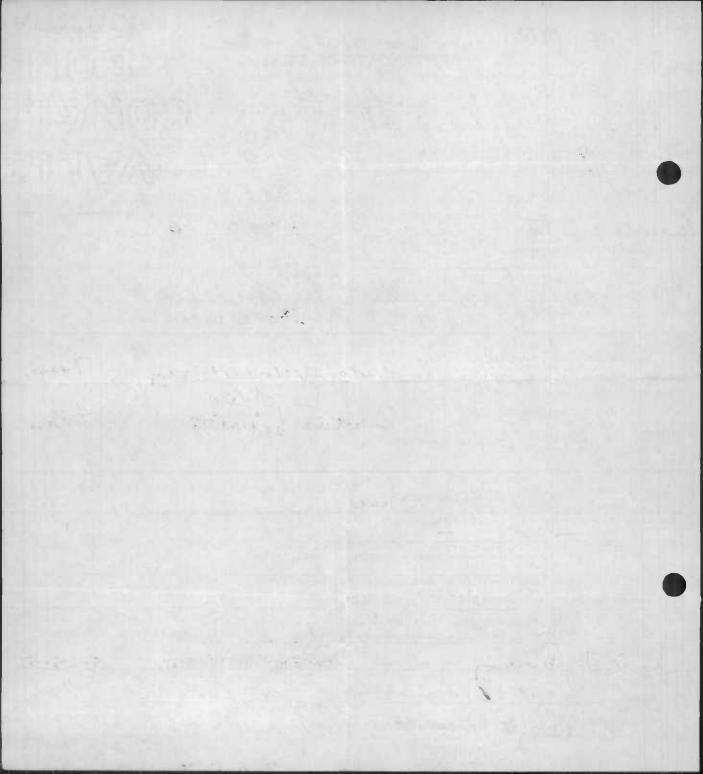
19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSYT YES 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH . TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

NOT WHILE AT WORK 1951, to 8 = 25 - , 151, that I last saw the 22. I hereby certify, that I attended the deceased from 8-21; . 19 51, and that death occurred at deceased alive on D _m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) 24C/NAME OF CEMETERY OR CHEMATORY CATION (City, town, or county)

ATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

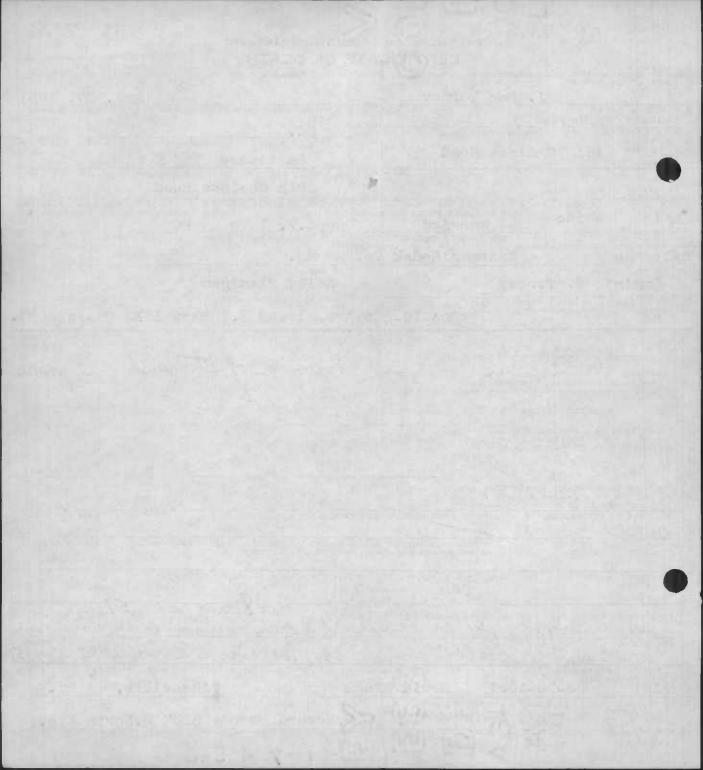


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7473

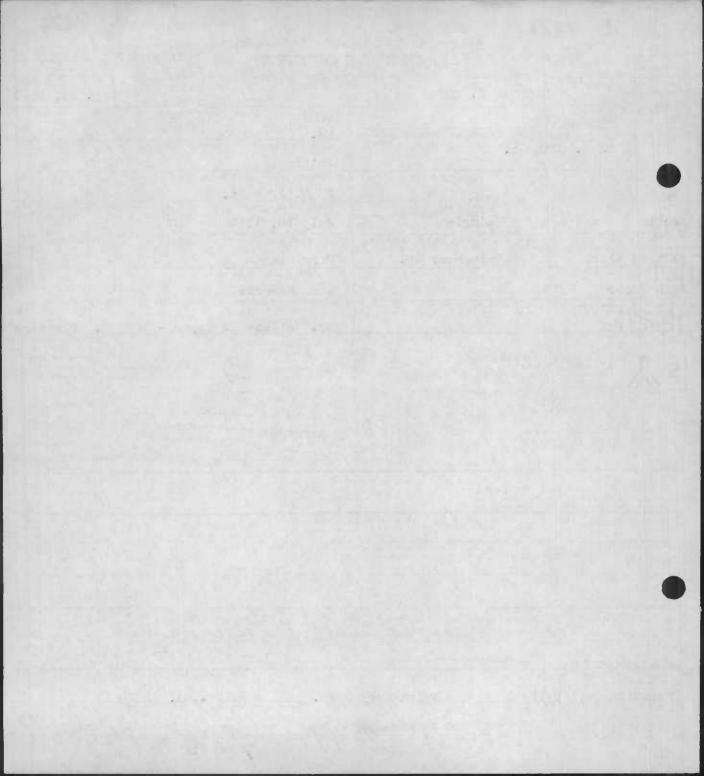
Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF J. Lee Tormev Aug. 27, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, 1f institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1913 Chelsea Road township) Baltimore 80 - Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1913 Chelsea Road c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | I Under | Year | II Under 24 Hours last birthday) | Months Days | Hours Min. H Under 24 Hours WIDOWED, DIVORCED (Specify) Male Married Sept.7, 1870 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Salesman Eastman Kodak Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dominic F. Tormey Sally Flanigan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes. give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 203-16-12651Mrs. Miriam E. Tormey 1913 Chelsea Rd. no INTERVAL BETWEEN 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 4 DIC 21A. ACCIDENT. SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? D. TIME (Month) (Day) (Year) (Hour) INJURY WHILE AT AT WORK WORK 19 that I last saw the 22. I hereby certify that I attended the deceased from 1956 and that death occurred At 2 A. m., from the causes and on the date stated above. deceased alive on aut 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B DATE Pikesville, 8-30-1951 Druid Ridge Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR G. Howard Strong 3207 W. North Ave.,

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.		- 4-	CERTIFICATI	E OF DEATH	Registere	ed No	
1. NAME OF C (Type or Print)		IAM J.	ROPER		2. DATE OF DEATH	Aug. 2	6, 1951
B. FULL NAME	City, Maryland		on, give street address or location)	4. USUAL RESIDENCE (WA. STATE Md. C. CITY OR TOWN (If Baltimore		befo	re admis i n
c. Length of s	stay in Baltimore	7. SINGLE	Yrs. Mos. Days	D. STREET ADDRESS (If 23 W. 27th St. 8. DATE OF BIRTH	9 AGF (In years	il linder I Year	II Under 24 Hours
retired o	NAME	Sing.	of Business or Industry	July 26, 1883 11. BIRTHPLACE (State or for Virginia 14. MOTHER'S MAIDEN NA	preign country)	Months Days 12. CITIZI WHAT	
John Rope 15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	Emma Edwards 17. INFORMANT Mr. Wallace T.	Roper - 35		Av lvedere
(This does heart failt injury or DISEASE RISE TO TUNDERL' OTHER STRIBUTING	SE OR CONDITION LEADING TO DEAT not mean the mode of the asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION TO THE DEATH, BUT	F H f dying, c. g ns the disease aused death. SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE	(B) COMPANY OF THE CO	enteners cordinal	geles esile esile	h	est -
	OF OPERATION 1	***	FINDINGS OF OPER	ATION		20. A	NO NO
LYING O CAUSE OF TIME INJURY 22. I herel	(Month) (Day) (Year) Out certify that I att live on ture CREMA 24B. DATE Specify) D BY REGISTRAR	about home, for the condition of the con	M. D. 24c. NAME OF CEMETE Loudon Park	ED 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 21F. HOW DID INJURY 22F. H	occur? / occur? / occur? he causes and o	that I length of the date st	ast saw the ated above. TE SIGNED (State)
VS 150	3311	n. July		3905A 7	159	73	2000.114



500 51 7475		51 7475
BALTIMORE CITY H	EALTH DEPARTMENT	.11 /43/.3
CERTIFICAT	E OF DEATH Reg	gistered No
BIRTH NO.		
(Type or Print) MICEIS LEAN	2. DATE OF DEATH	8/16/1
A. Baltimore City, Maryland BALTIMOLE MD		sed lived. If institution : residence DUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		
INSTITUTION 24 E. LOMBARD ST.	C. CITY OR TOWN (If outside cor;	porate limits, write RURAL and give
1854 F. LOMBARD ST.	DALTIMORE	2 - 0 1
Yrs.	D. STREET ADDRESS (If rural, give l	ocation)
c. bength of stay in Baltimore 54	1824 E. LOMBAN	20 5%
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE U	in years Il Under I Year If Under 24 Hours
MALE WHITE MALLIED (Specify)	MARCH 16-1884 last bir	thday) Months Days Hours Min.
104. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign count	Y) 12. CITIZEN OF
work done during most of working life, even if retired)	a KUSSIA	WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.17.
Hassia Land	O = = = = = = = = = = = = = = = = = = =	
MARRIS LEAN	SALAH.	
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY, NO.	17. INFORMANT	ADDRESS
NO 214-10-4848A	HNMA LEAN. 1834	L. LOMBIRD ST
18. 334 X CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0 00.00	ONSET AND DEATH
LEADING TO DEATH	server apple	4 10/2/2

	TAILOR LETTER	FREDERICK	a. RUSSIA	WHAT COUNTRY
13	HALLIS LEAN	(15)	SALAH. ??	
(Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 114-10-4848A	HNAA LEAN 1834 L.	LOMBIRD ST
TCATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE (A) DUE TO (B) DUE TO (C)	of DEATH exchal apopley tensen telsio-pole	INTERVAL BETWEEN ONSET AND DEATH
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION	1 20. AUTOPSY?

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21c. WHERE DID INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)

24B. DATE

21E. INJURY OCCURRED WHILE AT

NOT WHILE

WORK

22. I hereby certify that I attended the deceased from. Land that death becurred at 9/50 P.m. deceased alive on Lug 19_ 23A. SIGNATURE

238. ADDRESS

(City, town, or county)

(If in Baltimore City, give exact location)

from the dauses and on the date stated above.

ADDRESS

23c. DATE SIGNED

19 L, that I last saw the

BUNIA DATE RECEIVED BY LOCAL REGISTRAR

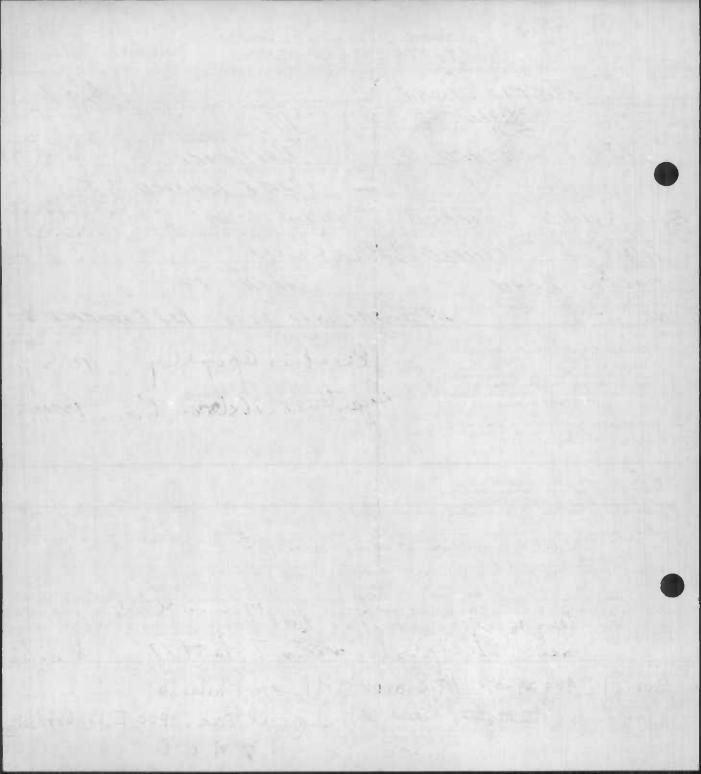
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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

INJURY

EDICA

OF CEMETERY OR CREMATORY



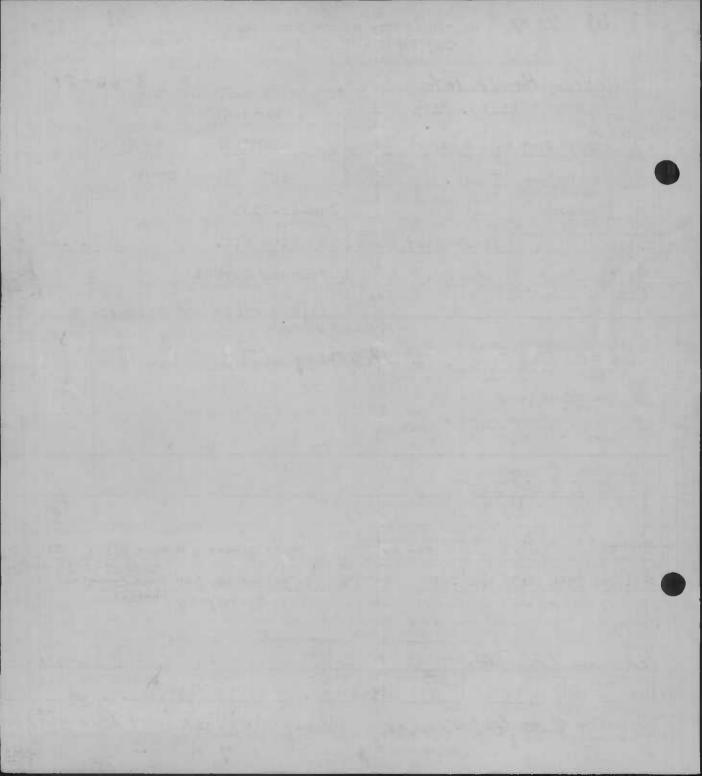
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7476

BIRTH NO.	LERIFICATI	E OF DEATH	registered No.	
1. NAME OF DECEASED			2. DATE	
(Type or Print) Mary	M. Bob	itZ	OF DEATH Ave	27-51
3. PLACE OF DEATH: A. Baltimore City, Maryland	201to	4. USUAL RESIDENCE (Wh	ere deceased lived. If itst	itution : residence before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR	on, give street address or location)	Md	utside corporate limits, wi	
INSTITUTION 131 C D	1 01	Bal-	1 9 - 0	township)
8 2 P 2. Da.	cham St	D. STREET ADDRESS (If ru	iral, give location)	
c. Length of stay in Baltimore	ho Mos.	131 8	0 1 -	01
5. SEX 6. COLOR OR RACE 7. SINGLE.	MARRIED. Days	8. DATE OF BIRTH	9. AGE (In years) If Under	1 Year 1 Under 24 Hours
WIDOWE	ED, DIVORCED (Specify)	Sent 2/887	last birthday) Months	Days Hours Min.
	OF BUSINESS OR	11. B RTHPLACE (State or fore	eign country) 12.	CITIZEN OF
At tome	- WOLL	Balto		WHATCOUNTRY
13. FATHER'S NAME	- 11011	14. MOTHER'S MAIDEN NAM	1E	0.0.1
· lohn		Margaret	Value	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL	17. NEORMANT	ADDE	RESS
Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	CLANISCRIL	72 731 8	N. 1 C4
18. 14 20 /		OF DEATH	117 9705	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	0,1001	O DEATH	4	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g.,	· (A)	vronan ocal	4.24.00	18 hours
heart failure, asthenia, etc. It means the discase, injury or complication which caused death.		1		10
	DUE TO	1		
ANTECEDENT CAUSES	(erebral hemo	l	12 hours
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
	(C)			
11	0 '			
OTHER SIGNIFICANT CONDITIONS CON-	Les	betes		W
TO THE DISEASE OR CONDITION CAUSING IT.				grans
19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER	ATION		20% AUTOPSY7
21A. ACCIDENT WAS UNDER- 21B. PLAC	CE OF INJURY (e. g., in	n or 21c. WHERE DID (If	in Baltimore City, give	exact location
	rm, factory, street, office bldg., e			
2	1E. INJURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
INJURY	HILE AT NOT WHILE			
	WORK AT WORK			
22. I hereby certify that I attended the c	leceased from Un	2 29, 1947, to Cu	3 27 , 195', tl	hat I last saw the
deceased alive on ling 27, 1951. a				
23A. SIGNATURE	2	3B. ADDRESS	D 0 6 2	3c. DATE SIGNED
244 BURIAN CREMA-1 24B DATE	4c. NAME OF CEMETE	Of J. Vallerson U	CATION (City, town, or e	(State)
TION REMOVAL (Specify)	AL C	1 4	11 C1 D-	11-11-1
DATE RECEIVED BY REGISTRAR'S SIGNATUR	Mr. Car	M Q O NOT	1011 97 12a	DDRESS
LOCAL REGISTRAR	Visco 46	1), 00	m.	1 1 771
AUG 2 8 1951 Hands Fr	THE PROPERTY OF	Neppel Bro.	1800 F. Lon	69 1400
VS 150	man to the state of the state o	1 2 0	6	4 T 100

Or Monatt 408 S. Potterson Parties Server April 18 Comment of the Berlevice

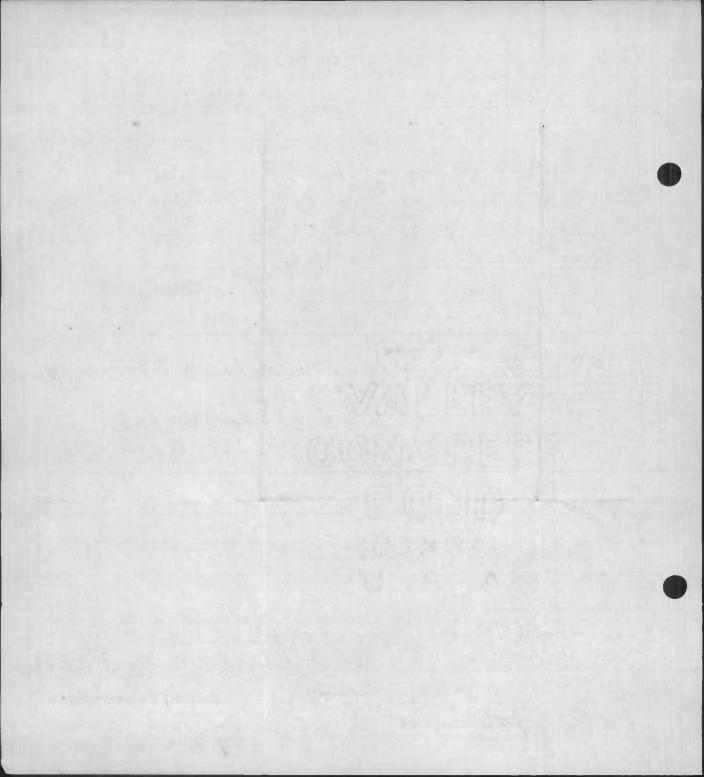
	TIMORE CITY HE	ALTH DEPARTMENT	51 Registered No.	7477
BIRTH NO.	CLIVIII ICATI	- OI DEATH		
(Type or Print) William Horold To	ate	4	OF B-26	-51
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Whe	re deceased lived. If insti B. COUNTY	itution : reader e before ad nission
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR		Maryland		-14 TA A T
Found: Pratt St. & 1		c. CITY OR TOWN (If our Baltimore	tside corporate limits, wi	township
round. Hatt St. & I	Yrs.	D. STREET ADDRESS (If run	cal, give location)	
c ogth of stay in Baltimore 7 Mos	Mos		rt Street	
5. SEX 6. COLOR DR RACE 7. SINGLE	. MARRIED.	90.	AGE (in years If Under	r I Year Il Under 24 lines
Male Colored Sin	ED. DIVORCED (Specify)	Jan-19-1931	last birthday) Months	Days Hours Minn
10A. USUAL OCCUPATION (Givekind of ork done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	ign country) 12.	CITIZEN OF WHAT COUNTRY
	ester Boat	Mt Olive N.C.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
William Harold Tate	Sr.	Frances Corbet	t	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
No		Tillian Coshy (107 Gilbert	t
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST.	e, .) DUE TO (B)			
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING IT	D			
J 19a. DATE OF OPERATION 198. MAJOR	FINDINGS OF OPER	ATION		YES NO
	CE OF INJURY (e.g., barm, factory, street, office bldg., c Harbor	Pratt Street		e
FINJURY 26 1051 2:00 4 W	WORK NOT WHILE	to rescue anoti		
22. I certify that I took charge of the		bove, held an Autop		
the evidence obtained by said Auto and death in my opinion resulted f	psy, Inspection or I rom: natural causes	nquiry, find that said dece	eased ded on the a	lay stated evoc. eterm ned
William Showith	M	23B, CHIEF MEDICAL EX ASSISTANT MEDICAL EX .D. MEDICAL INVESTIGATOR	AMINER A	26-51
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	ATION (City, town, or c	county) (State)
Burial 8/24/1951	Mt Olive	Cram. 13t	Olive L.C.	DUBECC
DATE RECEIVED BY REGISTRAR'S SIGNATULE AND A 1951	Laura H.B	Elway & Wilson	M 1000 B	coulty w
v s 151 N - 940 ×	Marine In The	0550 7	4 6 2 18	3



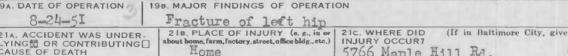
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7478

Registered No .. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF William D. Toomey DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. COUNTY re idmission (If not in hospital or institution, give street address or Maryland HOSPITAL OR Iocation) C. CITY OR TOWN (If outside corporate limits, write RI RAL and eave Ambassador Apartments INSTITUTION townshim Baltimore 3811 Canterbury Road D. STREET ADDRESS (If rural, give location) Yrs. 3811 Canterbury Road c. Length of stay in Baltimore 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Il Under I Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Nov. 2, 1899 Male Single 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Tobacco Mass, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EA! Catherine L. Sullivan James Toomey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 135 Pleasontestreet 17. INFORMANT SECURITY NO. Mrs Eleanor C. Shean Arlington. Mass. (If yes, give war or dotes of service) (Yes, no or unknown) 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION EDICAL YES 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE! 1951, to Week 26, 1951, that I last saw the 22. I hereby certify that I attended the deceased from Homeany 76, 1951, and that death occurred at 16 : Kon., from the causes and on the date stated above. deceased alive on 23A, SIGNATURE 23B. ADDRESS 23¢ DATE SIGNED 24A. BURIAL, CREMA Removal Massachusetts DATE RECEIVED BY FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS REGISTRAR Leaves 04 80c VS 150



MT TATACK		EALTH DEPARTMENT E OF DEATH	S Registered No	1 7479
1. NAME OF DECEASED (Type or Print) Mary Davis		•	OF DEATH 8-26-5	SI .
3. PLACE OF DEATH: A A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution HOSPITAL OR Balt Imore City Hospital Institution 4940 Eastern Ave.	n, give street address or al location)	4. USUAL RESIDENCE (VA. STATE Maryland C. CITY OR TOWN (I Baltimore	Where deceased lived. If in B. COUNTY	before admission)
c. Dength of stay in Baltimore Life	Yrs. Mos. Days	5766 Maple Hil	1 Pd.	
Female White Widows	D. WORCED (Specify)	May 25, ?	last birthday) Mont	der 1 Year If Under 24 Hours hs: Days Hours: Min.
work done during most of working life, even if retired)	OF BUSINESS, OR INDUSTRY	11. BIRTHPLACE (State or i	foreign countily)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	V
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANII timor Records: 4940	e City Hospita	RESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	(A) Bronch	of DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	DUE TO	atelectasis ure of left hip	CERTIFICATION AP	I day
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CHIEF OR ASSI, MEDIC	M. D.
19A. DATE OF OPERATION 19B. MAJOR 8-24-5I Fractu	FINDINGS OF OPER TO OF LOST his CE OF INJURY (e.g., i m. factory, street, office bldg., c	nor 21c. WHERE DID	(If in Baltimore City, giv	20. AUTOPSY? VES NO e exact location)



21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour)

- I7 -5I T NOT WHILE Fell at home - name level

, 15 I, to 8-26
, 15 I, that I last saw the 22. I hereby certify that I attended the deceased from 8-23-deceased alive on 8-23-, 1951, and that death occurre

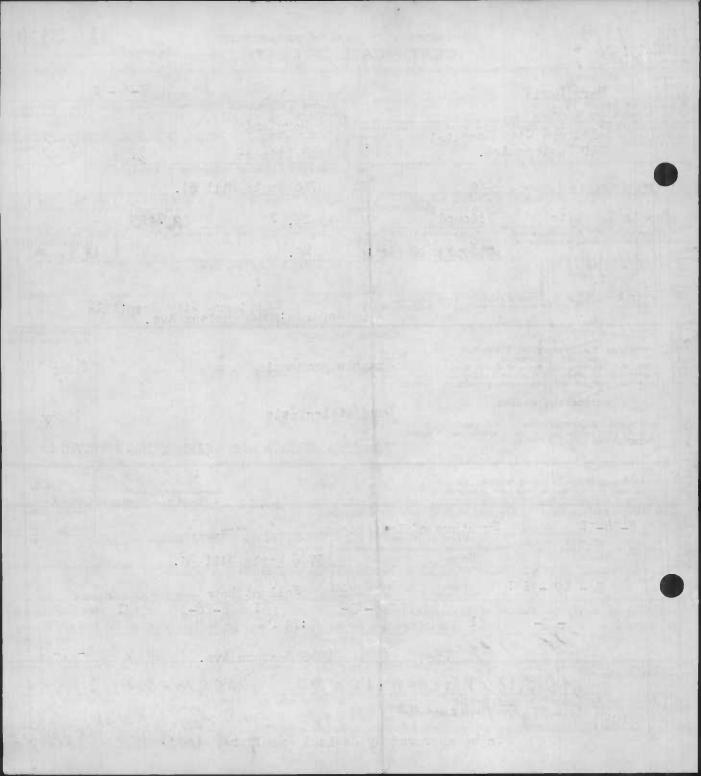
and that death occurred at 7:15 Pm., from the causes and on the date stated above.

| 238. ADDRESS | 23c. DATE SIGNED 23A. SIGNATURE 4940 Eastern Ave 24B, DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

To be approved by Medical Examiner



63	0
BIRTH NO.	
1 NAME OF	F DECEASE

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH 2. DATE (Type or Print) Mariano Trotta DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF arvland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write MURAL and give Baltimora City Hospitals INSTITUTION Balt imore astern Avenue p. STREET ADDRESS (If rural, give location) Yrs. Moe 38 Yrs. 217 S. Grundy Street c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years | If Under I Year 5. SEX 6. COLOR OR RACE I If Under 24 Hours last birthday) Months Days Hours : Min. WIDOWED, DIVORCED (Specify) Married Nov. 28. 1890 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Italy Laber Bethlehem Steel Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME () (/ 1) Josephine Miarello Francesco Trotta 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO 4940 Eastern Avenue B.C.H. Records ne 213-07-2736 INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Cirrhosis of Liver heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR, FINDINGS OF OPERATION
Hernioplasty
Exploratory Lanarotomy Cholangiogram

218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in B about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 20. AUTOPSY? CA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? INJURY NOT WHILE WORK 8/16/51 to 8/27/51 , 19 , that I last saw the _. 19__ 22. I hereby certify that I attended the deceased from_ 19 and that death occurred at 1:10 Prom the causes and on the date stated above. deceased alive on 8/27/51 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 8/27/57 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) 248. DATE 4430 Beleir Rd. Palt. Md. Hely Redeemer Come. August 30 1951 Burial

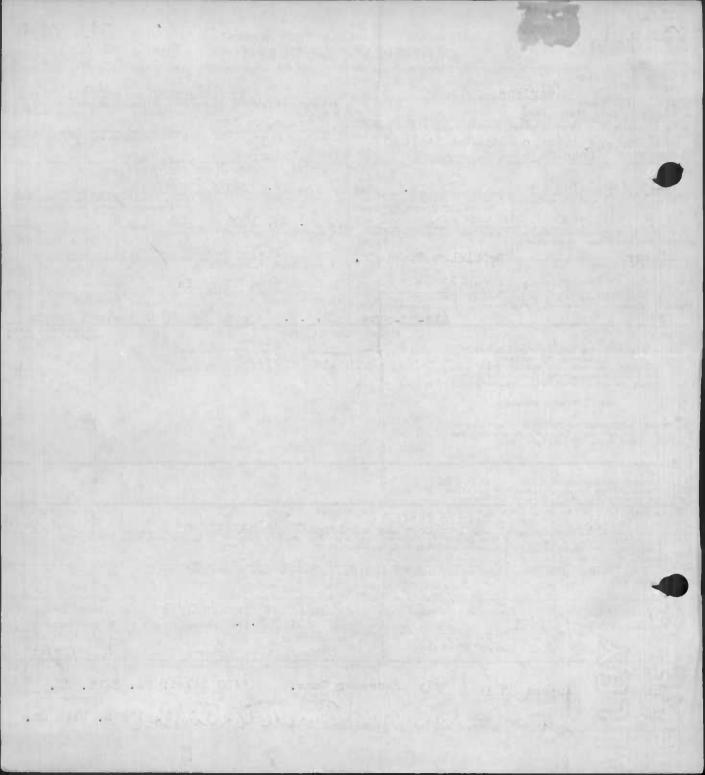
VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNAT

TOR



BALTIMORE CITY HEALTH DEPARTMENT Registered CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Adeline Della Noce 8-26-51 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. COUNTY before admission) Ma. (If not in hospital or institution, give street address or Baltimore City Hospitals location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits/ Write HURAL and give INSTITUTION 4940 Eastern Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1203 N. Patterson Pk. Ave. c. Length of stay in Baltimore 17 yrs Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | M Under I Year | M Under 24 Hours | Months Days | Hours | Min. 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female Feb. 18. 1883 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY Italv Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Norina Della Noce Mirelli Errico 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknowo) (If yee, give war or dates of service) B. C. H. Records, 4940 Eastern Ave. 16. SOCIAL (Yes, no or unknowo) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY More than LEADING TO DEATH
(This does not mean the mode of dying, e.g., 1 wic. (A) Bronchopneumonia heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Diabotes. TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 20. AUTOPS X

198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., io or) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH

1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

INJURY NOT WHILE! WHILE AT WORK

22. I hereby certify that I attended the deceased from 4-18-50 deceased alive on Aug. 26 , 19 51. and that death occurred at 12,30M from the causes and on the date stated above.

23A SIGNATURE 24A. BURIAL, CREMA-24B. DATE

August 29 1951 Hely Redeemer Cemetery

23B. ADDRESS 4940 Eastern Ave.

21c. WHERE DID

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 4430 Belair Rd. Balt.Md.

____, 19___, to Aug. 26 ____, 19_51 that I last saw the

(If in Baltimore City, give exact location)

ED. FUNERAL DIRECTOR Mess 22 S. High St.

REGISTRAR'S SIGNATURE OCAL REGISTRAR

VS 150

Burial

DATE RECEIVED BY

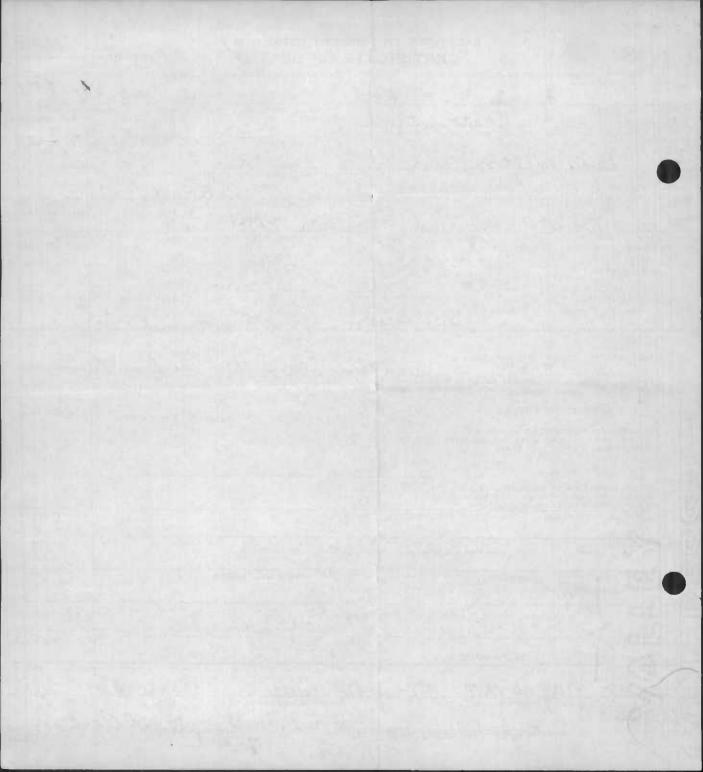
EDICA

23C. DATE SIGNED 8-26-51

9se Document File 51-7481 10/18/51 ES

• 5 5 5 5 5 5

2.00				
1 7482 BIRTH NO.	CERTIFICATE	E OF DEATH	Registered No.	1 7482
1. NAME OF DECEASED (Type or Print) Frank	m Parkor		2. DATE OF DEATH OUG.	6-1951
3. PLACE OF DEATH: A. Baltimore City, Maryland	to City	4. USUAL RESIDENCE (WA. STATE		tution: residence before admission)
B. FULL NAME OF (If not in hospital or insti HOSPITAL OR INSTITUTION	tution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, wr	it R RAB and give township)
16 n. Milton	are Yrs.	O. STREET ADDRESS (If p	ural, gve location)	(cwthat)
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE 7. SINC	SLE, MARRIED.	16 N. M	Iton Cu	- L 1 Year II Under 24 Hours
	OWED, DIVORCED (Specify)	Sept. 29-1881	last birthday) Months	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Con Parac	14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dutes of service)		17. INFORMANT	ADDR	ESS
(LESS, ILO OF MARKOTTI)	213-01-0354	Pauline Pask	20-16 n. mil	ton One
DISEASE OR CONDITION DIRECT! (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de	e.g., (A) acu	te Congestion	Cardias 7	arlure
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST. U		serlensen la	ndes-Vasculs	e Shower.
11	_ (C)			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	ATEO			
19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	ATION		YES NO
	PLACE OF INJURY (e. g., in me, farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour)	WHILE AT NOT WHILE	21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended to deceased alive on any 26, 195		1. 23, 1957, to a red at 2 20 Atm., from th	reg 76, 195, th	at I last saw the ate stated above.
234 STGNATURE Luy 97		38. ADDRESS Earl	tern an 2:	3c. DATE SIGNED
24A. BURIAL. CREMA- TION REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 240. LC	Ballton (City, town, or c	ounty) (State)
DATE RECEIVED BY REGISTRAT'S SIGNAL LOGAL RECEIVED BY	TURE	25. FUNERA DIRECTOR	AD AD AD	DRESS
VS 150	9 5 90	032074	6 93	are



5	1 7485	1000		CERTIFICAT	E OF DEATH	egistered No.
	IRTH NO.					
	NAME OF DEC		liam H	. Schaffer	2. DAT OF DEAT	A. 0E 30E3
	PLACE OF DEA				4. USUAL RESIDENCE (Where decen	
В.	FULL NAME OF	(If not in hospit	al or institut	ion, give street address or		1207
	ISTITUTION	9609 013	1 40	location)		rperate limit, write RURAL and give township
		2602 Gui:	riord		Baltimore	
	Length of stay	in Daltimone		Yrs. Mos.	o. STREET ADDRESS (If rural, give	
_		COLOR OR RACE	7. SINGLE	Days E. MARRIED.	2602 Guilford A	(In year: Il buder Year If Under 24 Hours
	М.	W.	WIDOW	ried, DIVORCED (Specify)	Jan. 22. 1988 63	dirthday) Months Days Hours Min.
10	A. USUAL OCCU	PATION (Givekindo)	I TOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or foreign cour	
WOI	Wire C	chief	B & 0	RR.	Maryland	USA WHAT COUNTRY
13	FATHER'S NAM	1E			14. MOTHER'S MAIDEN NAME	
		am Schaf			Mary MILER	
15 (Ye	WAS DECEASED 1	VER IN U.S. ARME (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
1	No		,	705-05-4059	Mrs. Wm. Schaffer	2602 Guilford Ave
	18. 420	1	1-1-2	CAUSE	OF DEATH	INTERVAL BETWEEN
	7 10	OR CONDITION	DIRECTLY	0,1002		ONSET AND DEATH
	LI	EADING TO DEA	TH	Co	voucavy Oeellige	0011
	heart failure,	asthenia, etc. It mes	ans the diseas	е,	The state of the s	ou,
	injury or co	mplication which	caused death	.) OUE TO		
7	AN	TECEDENT CAU	SES	α	Towin cala una	1100
TION	DISEASES O	R CONDITIONS,	F ANY, GIVIN	(B)		9001
E	UNDERLYIN	ABOVE CAUSE (A)	STATING TH	HE OUE TO		
Ö				0	ricula Ventry i	Jelinh a
분		11		_ ·c, Cuu	reach early.	There acods
ERTIFICA	OTHER SIG	NIFICANT COND	ITIONS CON	.D		
U	TO THE OISE	ASE OR CONDITION	CAUSING I	т		
1	19A. DATE OF	OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION	20. AUTOPSY?
Ü	21A. ACCIDENT	SUICIDE	218 PI /	CE OF INJURY (e. g., i	n or 21c. WHERE DID (If in Balti	imore City, give exact location)
1EDICA		Specify)		arm, factory, street, office bldg.,		more city, give trace location,
Σ	O. TIME (Mo	nth) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR	?
	INJURY		m.	WHILE AT WORK AT WORK		
	22 I hereby a	ertify that I at		Po 16	16/3/ 19 to 8/25	, 190 7, that I last saw the
				and that death occur		s and on the date stated above
	23A. SIGNATOR		100		3B. ADDRESS	23c. DATE SIGNED
	40	194041	10/1	M. O.	2020 U. Clian	Ces (8/94/1)
2. Tl	4A. BURIAL, CRE	MA- 24B. DATE	a	24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION	(City, town, or county) / (State)
-	BURTAL.	AUG. 29	195	NEW CATHEL	DRAL BALTIMOR	E MARYLAND
	ATE RECEIVED E DCAL REGISTRA	R	- M. E	RE	25. FUNERAL DIRECTOR 118 W	. Mt. Royal Ave.
	10.0.0.1051	Thurthe	m/YHL	Ruhhidi , Missili		
All	10 % क्षेत्रज्ञ			- Comment	Tas. F. Evans	Son
11				540	0 1 1 1	942
				151		

Dr. Huff

N. Charles St.

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) ULTHAUPT OF UG. 27-1951 DEATH /7 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) BALTIMORE. p. STREET ADDRESS (If rural, give location) Yrs. Mos. HSHBURTON c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 8-10-184 MARRIED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? MACHINIST KAILKOAdING 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) SECURITY NO MY AShBURTON ST 717-07-6959 0 NTERVAL BETWEEN DEATH 18. 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21s. HOW DID INJURY OCCUR? INJURY WHILE AT WORK 1986, to Class 22. I hereby certify that I attended the deceased from_ Lux , 19. 7, that I last surv the 19 and that death occurred at 11 30 Am., from the cluses and on the date stated al deceased alive on Con 23A. SIGNATURE 238. ADDRESS

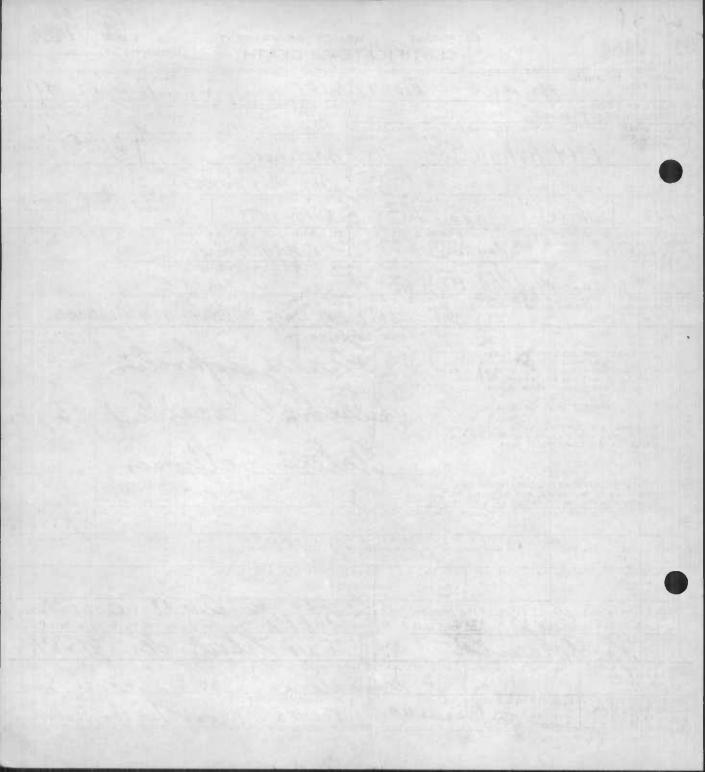
24A. BURIAL CREMA-TION, REMOVAL (Specify) 24c NAME DE CEMETERY OR CREMATORY 24B. DATE

BURIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

LENNY-

VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE 1. NAME OF DECEASED (Type or Print) WILLIAM VINCENT KOHLER DEATH August 27, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland Marvland B. FULL NAME OF (If not in hospital or institution, give street address or location' C. CITY OR TOWN (If outside corporate limits, write LURAL and give HOSPITAL OR INSTITUTION Baltimore St. Joseph's Hospital D. STREET ADDRESS (If rural, give location) Mos. 1602 Holbrook Street gth of stay in Baltimore Days If Under 1 Year If Under 24 Hours 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) 5. SEX last birthday) | Months: Days | Hours: Min. 9/15/1893 White Widowed Male 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY vork done during most of working life, even if retired) Baltimore, Maryland O'Briens Tavern Janitor 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Ellen Farrell George W. Kohler 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service)
W. W. #1 16. SOCIAL 17. INFORMANT Towson. (Yes, no or unknown) SECURITY NO Florence M. Kane, 8507 Chestnut Oak Road CAUSE OF DEATH 501.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Fatty liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES FRTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OUE TO 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OFERATION YES X (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH. 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE WHILE AT AT WORK WORK Partial Autopsy 22. I certify that I took charge of the remains described above, held an . thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident \(\square\$, suicide \(\square\$, homicide \(\square\$, undetermined \(\square\$. 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER August MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county)

V S 151

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

burial

24B. DATE

REGISTRAR'S SIGNATURE

mitic elor / Whatha, Ala

57 P d.619

25. FUNERAL DIRECTOR

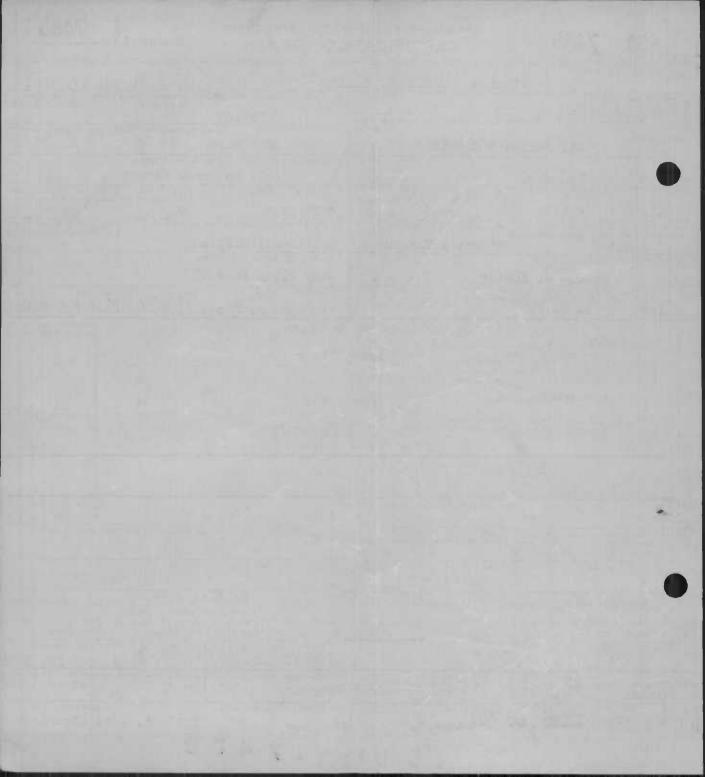
24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

1217 St. Paul Street

Maryland

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

7486

	CERTIFICATE	OF DEATH	Registered No-	
BIRTH NO.	OLIVIII 10/11			
1. NAME OF DECEASED (Type or Print) Salahie, Lu	Rassaws	(Lukashefski)	2. DATE OF DEATH ()	+27,1951
3. PLACE OF DEATH: 0 A. Baltimore City, Maryland	0	4. USUAL RESIDENCE (W)	here deceased lived. It inst	before admion
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS	ution, give street address or Iocation) HOSPITAL	c. CITY OR TOWN (If o	outside corporate limity w	rite RURAL and rive township)
Toronth of stars in Deltinous	Yrs. Mos.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of stay in Baltimore 5. SEX [6. COLOR OR RACE] 7. SING	Days LE. MARRIED.	8. DATE OF BIRTH	9. AGE (In years) Unde	er I Yent If Under 24 News
	WED, DIVORCED (Specify)	3-25-12	last birthday) Month	
10A. USLIAM OCCUPATION (Give kind of tob. Ky vork done during months working life, of a if retired)	OF PUSINESS OR CONCERN	11. BIP HPLACE (State or for	reign country) 12	. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	renake	14. MOTHER'S MIDEN NA	ME - unknow	-
13. WAS DECEASED EVER IN U. S. AFMED FORCES? (Yos, no or unknown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT OHNS H	OPKINS HOSPITA	RESS
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, cheart failure, asthenia, etc. It means the dise injury or complication which caused dea	CAUSE (hal hemm	lye	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ING (B)	wtensine Calle	-Vasenber	2. ?
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
	R FINDINGS OF OPER	ATION		YES NO .
21A. ACCIDENT WAS UNDER. 21B. P LYING OR CONTRIBUTING about hom CAUSE OF DEATH	LACE OF INJURY (e. g., in e, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
D. TIME (Month) (Day) (Year) (Hour) INJURY m.	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended th			3-27, 1951, t	
deceased alive on 3-27, 195/		3B. ADOMAS HOPKINS	HOSPITAL 2	
24A, DURIAL, CREMA-1 24B, DATE	M. D.		OCATION (City, town, or	7-20-3/
TION REMOVAL (Specify) LIMINAL 8-28-51.	Wilke	SBARRE Pe	may low	ua
LOCAL REGISTRAR AUG 281951	White was the	25. FUNERAL DIRECTOR	Inc - 1217 S	of Paul St.
VS 150	69	9 86 07	4719	20

gamenta, the 431 "

660
7487
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
3. PLACE OF DEATH: A. Baltimore City, Ma:
B. FULL NAME OF (If

INSTITUTION

INN

Yes/no or unknown)

18.

RTIFICATION

EDICAL

BALTIMORE CITY HEALTH DEPARTMENT

putside corporate limits write RUCAL and give

If Under 1 Year

12. CITIZEN OF

last birthday) Months: Days Hours: Min.

ADDRESS

more

AGE (in years)

township)

It Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7

YES

(If in Baltimore City, give exact location)

CERTIFICATE OF DEATH 2. DATE OF ma. 21-195 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY V before admission)

o. STREET ADDRESS Olf Yural, give location)

MAIDEN NAME

C. CITY OR TOWN

y, Maryland (If not hospital or institution, give street address or location

Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED

WIDOWED, DIVORCED & pecify marries

10B. KIND OF BUSINESS OR INDUSTRY

10A. USUAL OCCUPATION (Give kind of work denoturing most of working life efen if retiged)

13 FATHER'S NAME OUR DAVEL 101 00000

11. BIRTHPLACE (State or foreign country)

16. SOCIAL SECURITY NO

-05-0868

DUE TO

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

11

19. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes/no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

AB. DATE

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or | 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK

22. I hereby certify that I attended the deceased from Qua

deceased alive on and 1951, and that death occurred at 3

25

INJURY OCCUR?

FANERAL DIRECTOR

24c. NAME OF CEMEDERY OR CHEMATORY 24D. LOGATION (City, town, or county)

m., from the causes and on the date stated above. 23c DATE SIGNED

24A. BURIAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR

100/5-150

INJURY

REGISTRAR'S SIGNATURE

305

ADDRESS

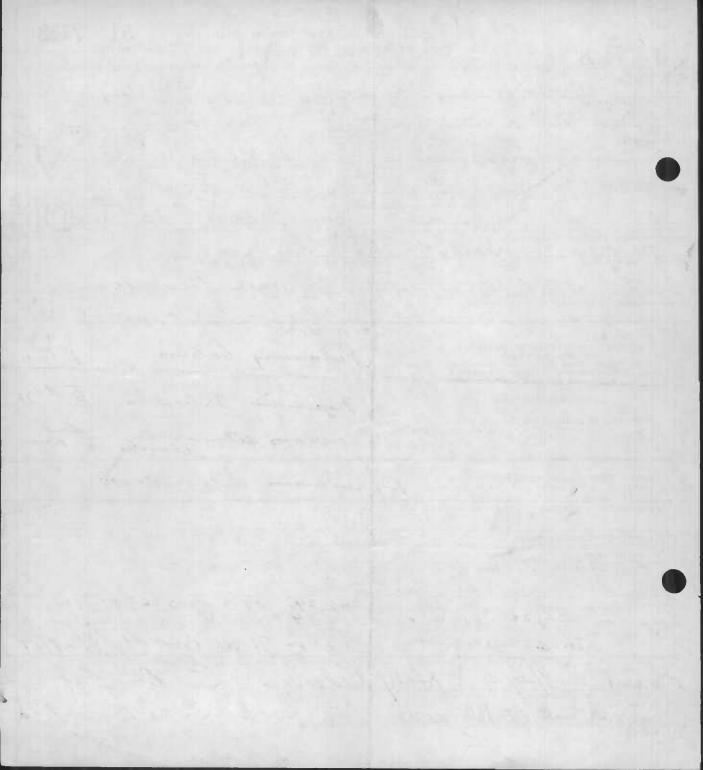
, 1951 to ang 27 , 1951, that I last saw the

Dr. Davider

BIRTH NO. AND 1. NAME OF DECEASED (Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE lug 26, 1957 DEATH (Where deceased lived, It Institution : residence 3. PLACE OF DEATH: 4. USUAL RESIDENCE A. Baltimore City, Maryland B. COUNTY before admission) A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Eegnere HOSPITAL OR location (If outside corporate limits, write BULAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos 5 6/3 c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Mardower 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) 1 INDUSTR WHAT COUNTRY? aborer Lown COTAB Dea ermany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes no or unknown) (If yes, give war or dates of service) SECURITY NO. 18. CAUSE OF DEATH 20.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Pulmonary Dedema LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO Myocardial Infarction ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO Coronary atherom stons UNDERLYING CONDITION LAST. (C) Ш 11 RTI Hy newtension - artero. Sclerosis OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY < (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or | 21c. WHERE DID 21A. ACCIDENT WAS UNDER ۵ about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? F INJURY WHILE AT NOT WHILE 195% to Cheg 26, 195% that I last saw the 22. I hereby certify that I attended the deceased from any 24 deceased alive on 26, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above, 23A. SIGNATURE Touth fount Rd 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248. DAZE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FONERAL DIRECTOR ADDRESS LOCAL REGISTRAR

5 1 6 0 7 1



32 4 51 7489
BIRTH NO.
1. NAME OF DECEASED (Type or Print)
3. PLACE OF DEATH: A. Baltimore City, Maryland

HOSPITAL OR

INSTITUTION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

A STATE

Registered No-2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, Winstitution : residence B. COUNTY before admission) (If outside corporate limits, write RORAL and give O. STREET ADDRESS, (If rural, give location) If Under | Year last birthday) | Months: Days | Hours: Min.

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

VES

(If in Baltimore City, give exact location)

B. FULL NAME OF (If not in hospital or institution, give street address or location' Yrs. Mos.

c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WADOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR

work dene during most of worlying life, even if retired) Derpenter 13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown)

18. 4200 DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11 OTHER SIGNIFICANT CONDITIONS CON- Exterior clarate Heart Disasse

INDUSTR

CAUSE OF DEATH

Ecate Carling, Farluse

21c. WHERE DID

INJURY OCCUR?

raxen 4

(C)

Severe

218. PLACE OF INJURY (e. g., in or

21E. INJURY OCCURRED

NOT WHILE!

about home, farm, factory, street, office bldg., etc.)

WHILE AT

DUE TO

erebed Resemetered arthritis TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING

CAUSE OF DEATH

INJURY

ID. TIME (Month) (Day) (Year) (Hour)

22. I hereby certify that I attended the deceased from___ deceased alive on Quag . 23, 1951, and that death occurred at 645pm., from the causes and on the date stated above

24A BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE DATE RECEIVED BY

24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

21F. HOW DID INJURY OCCUR?

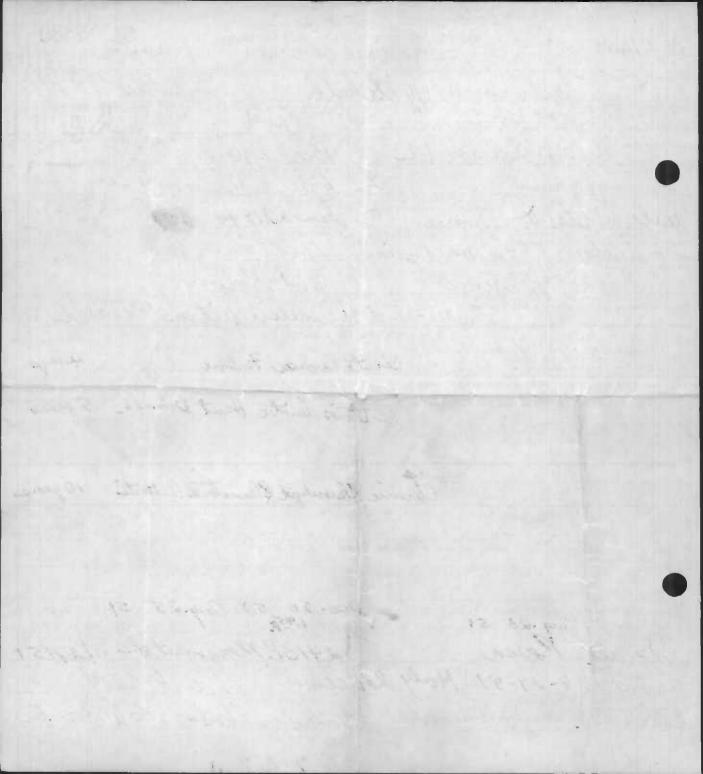
E (State or foreign country)

MAIDEN NAME

Dec. 20, 1950to Cheg. 25, 1951, that I last saw the

VS 150

CA



31-7- KI Loy genm	erman
BALTIMORE CITY HE	CALTH DEPARTMENT 51 7490
BIRTH NO. CERTIFICATI	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Lillean & Per	ters 2. DATE Jeu 9/26/57
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If distitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Harford Convalenced Home location)	C. CITY OR TOWN (If outside corporate lynits, write RUKAL and give
	Statto, 9-0 (township)
c. Length of stay in Baltimore Xife Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year Hours Min. Murch 2 / 96 5 5 Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working difference if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herome C. Love	Josepheno Plan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Stewart O. Peters
DISEASE OR CONDITION DIRECTLY	bro-vascular Accident / day
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	beter Mellitus
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	
1 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
A C	YES NO
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e	ves No
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) NOTWHILE AT NOT WHILE WORK AT WORK	YES NO 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg., e CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) INJURY 22. I hereby certify that I attended the deceased from	PYES NO NO NOT 21C. WHERE DID (If in Baltimore City, give exact location) ED 21F. HOW DID INJURY OCCUR? ED 4, 195/, to Auc., 195(, that I last saw the
21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRING WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on Not	YES NO 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21f. HOW DID INJURY OCCUR?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., e CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) 1NJURY 22. I hereby certify that I attended the deceased from deceased alive on 1951. and that death occur 23a. SIGNATURE	Pred at 5:30 m., from the causes and on the date stated above. 21c. WHERE DID (If in Baltimore City, give exact location) 21f. HOW DID INJURY OCCUR? No. 1951, that I last saw the red at 5:30 m., from the causes and on the date stated above. 22c. DATE SIGNED 23c. DATE SIGNED
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg., ebout home, farm, factory, attention bldg., ebout home, farm, factory,	Pred at 5:30 m., from the causes and on the date stated above. 21c. WHERE DID (If in Baltimore City, give exact location) 21f. HOW DID INJURY OCCUR? No. 1951, that I last saw the red at 5:30 m., from the causes and on the date stated above. 22c. DATE SIGNED 23c. DATE SIGNED
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 22. I hereby certify that I attended the deceased from deceased alive on VG. 21. 1951. and that death occur 23A. SIGNATURE 24A. BURIAL CREMAN 24B. DATE TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S SIGNATURE	21c. WHERE DID (If in Baltimore City, give exact location) 21f. HOW DID INJURY OCCUR? 22f. How DID INJURY OCCUR? 22f. Location on the date stated above. 23c. DATE SIGNED 27f. ORCREMATORY 24f. LOCATION (City, town, or counts) (State)

Horse Comment House The book and was wrong and southwarter Wells at the London

HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) AMBROSE KABOSKY OF August 28, 1951 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF If not in hospital or institution, give street address or Maryland HOSPITAL OR 23rd & Hampdon, rear of B & Oction) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Oak Street Yards Yrs. D. STREET ADDRESS (If rural, give location) Mos. gth of stay in Baltimore Days 610 N. Calvert St. 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | if Snoor | Year | if Under 24 Hours | last birthday) | Months: Days | Hours | Min. Male White Single December 28th 1904 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12 CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Crain operator Shipbuilding Cumberland . Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Kabosky Elizabeth S. Korns 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO Mrs Elizabeth S. Kabosky Cumberland, Md 740.3 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Purulent meningitis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING TO OR CONTRIB. UTING | CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK Partial Autopsy $^{-22}$. I certify that I took charge of the remains described above, held an $_{-}$ Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \(\mathbb{M} \), accident \(\mathbb{M} \), suicide \(\mathbb{M} \), homicide \(\mathbb{M} \), undetermined \(\mathbb{M} \). 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER.... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-24B. DATE 24 NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Cumberland, Md DATE RECEIVED BY 25/FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR V S 151 . 2. 3,0.

Sur Scarpelli

22. I hereby certify that I attended the deceased from I 1

deceased alive on and 191 /, and that death occurred at 23A. SIGNATURE

24C. NAME OF CEMETERY Muy. 29

23B. ADDRESS

m., from the causes and on the date stated above. 23c. DATE SIGNED

y, town, or coupty)

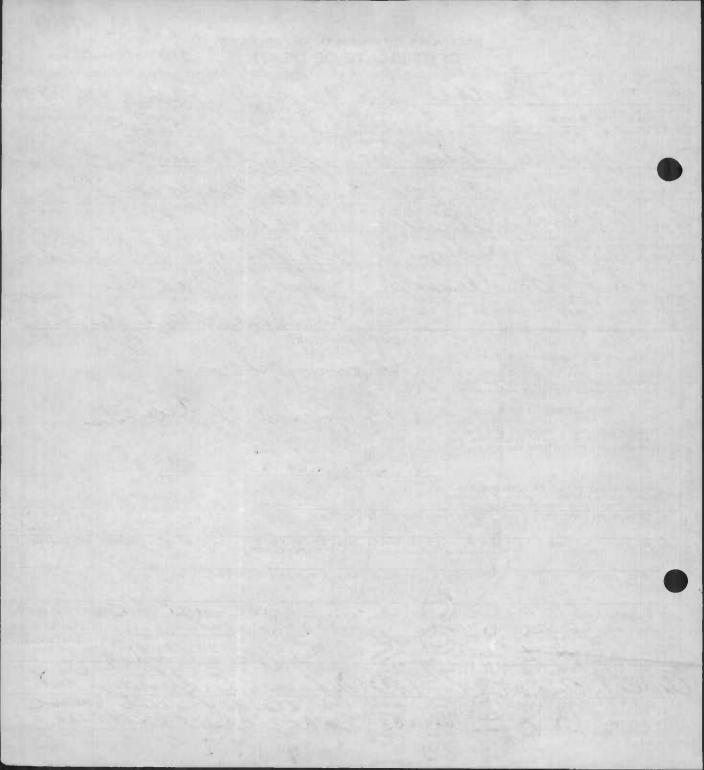
BURIAL, CREMA-

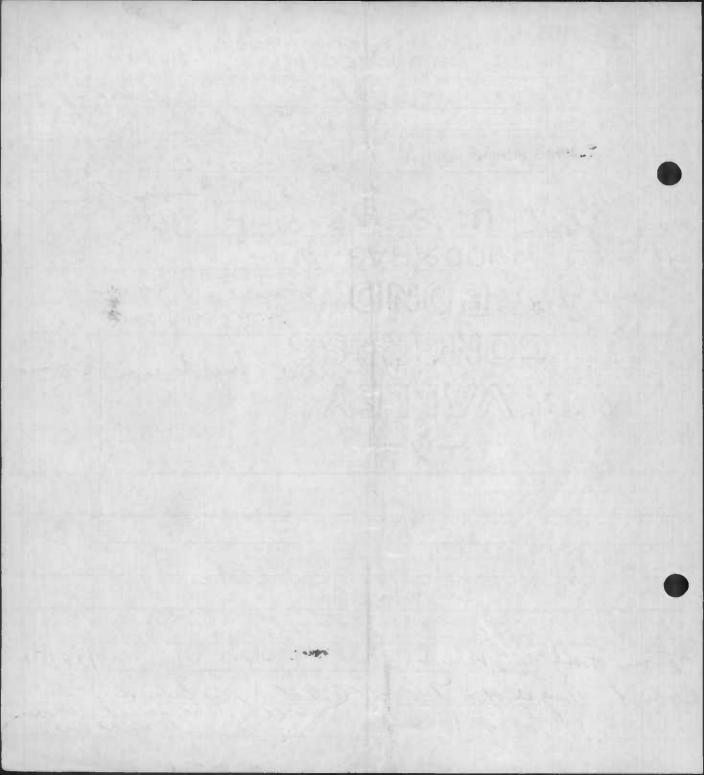
REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

DATE RECEIVED BY

VS 150 manager of the state of the sta





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

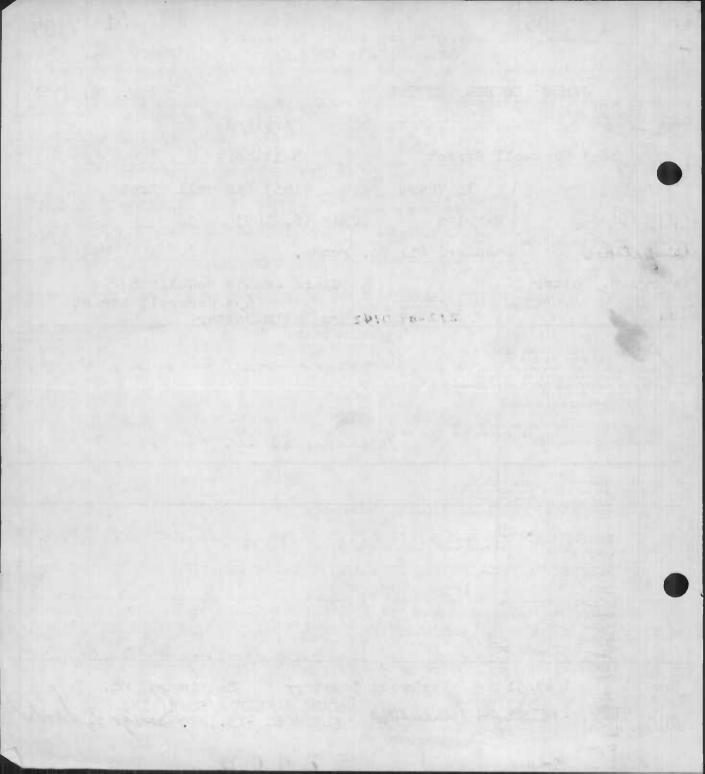
51 7494

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	SYLVIA SH	LADIRO	OF Aug. 28, 1951
3. PLACE OF DEATH: A. Baltimore City, Marylar		A. STATE	ecceased lived. If institution : residence в. COUNTY before admission
HOCDITAL OD	hospital or institution, give street address or location		e corporate limits, write RURAL and give township
c. Length of stay in Baltim	ore Li Yrs. Mos. Days	D. STREET ADDRESS (If rural, 1)	raw Place
5. SEX 6. COLOR OR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		GE (In years if Under I Year if Under 24 Hours Min.
10A. USUAL OCCUPATION (Giv ork done during most of working life, even i	retired) DEPARTIMENT STRY	11. BIRTHBLACE (State or foreign	COUNTRY 12. CITIZEN OF WHAT COUNTRY
Henry De	Beer	14 NOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. Yee, no or unknown) (If yee, give was	ARMED FORCES? 16. SOCIAL SECURITY NO.	Tranca De Beer	- 2354 Cataw Pl
DISEASE OR CONDI- LEADING TO (This does not mean the heart failure, asthenia, etc. injury or complication w ANTECEDENT DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION	DEATH mode of dying, e.g., It means the disease, thich caused death.) CAUSES ONS, IF ANY, GIVING SE (A) STATING THE DUE TO	CER	
OTHER SIGNIFICANT TRIBUTING TO THE DESCRIPTION 19A. DATE OF OPERATION	DITION CAUSING IT.	1 Hydro une te	20. AUTOPSY?
I ISA. DATE OF OPERATION	198. MAJOR PINDINGS OF OPER	AATION	YES NO
21A. ACCIDENT WAS UNE LYING OR CONTRIBUTE CAUSE OF DEATH			Baltimore City, give exact location)
21D. TIME (Month) (Day)	m. WHILE AT NOT WHILE		
22. I hereby certify that deceased alive on S	t, I attended the deceased from 8		uses and on the date stated above
23A, SIGNATURE RIVERSION NO.	Bravemace M.D.	GINA / Hospita	
24A. BURIAL, CREMA- TION REMOVAL (Specify)	29/1981 Bult 1	ery or CREMATORY 24D. LOCAT	(State)
DATE RECEIVED BY REGISTANT ALIC 291951	TRAR'S SIGNATURE	25. FUNERAL DIRECTOR	2100 Estaw PL
VS 150	20	060074	79 48a

26 26 54241 8 STAFIE make SHARE SHARE SHARE 5-100-03 JAST GRIDE PERS 33 85 3 Keep of 333 - 1 at 12 12 13 W= 608 26, 4000 CARLACOTA OF SEE CEPUCK 15 St. 12 18013 Colonie It thereman (Company

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LOUDEN JAMES POTTER DEATH Aug. 26, 1951 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) 1653 Carswell Street Baltimore o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 35 years 1653 Carswell Street Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | 11 Under | 12 Under 24 Hours | 12 Under 24 Hours | 13 Under 24 Hours | 14 Under 24 Hours | 15 Under 24 Hours | 16 Under 24 Hours | 17 Under 24 Hours | 17 Under 24 Hours | 18 Under 24 Hour M Married July 16, 1895 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? workshone during most of working life, even if retired) Standard Oil Co. dispatcher Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George B. Potter Clara Jennie McCulloch 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 1653 Carswell Street 16. SOCIAL (Yes, no or unknown) SECURITY NO 2/2-09-0142Mrs Realm Potter INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING nelustasiis into houses RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA (If in Baltimore City, give exact location 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? Io. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED INJURY NOT WHILE meli 1957, to Aug 26, 195/, that I last saw the 22. I hereby certify, that I attended the deceased from_ deceased alive on Aug 26. , 1951. and that death occurred at 710 Pm., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 823 24C. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)/ 24A. BURIAL, CREMA-24B. DATE burial Parkwood Cemetery Baltimore, Md. DATE RECEIVED BY ADDRESS LOCAL REGISTRAR -13. MD

VS 150 · ANDREWS



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH August-26-1951 Cynthia Abigail Reichard 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City. Maryland 2000 Boone Street A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland Baltimore City HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give at home Baltimore City p. STREET ADDRESS (If rural, give location) Yrs. Tillas c. Length of stay in Baltimore 2000 Boone Street 70 years Days 5. SEX 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | 18 Under | Year | 16 Under 24 House last birthday) | Months | Days | Hours : Min WIDOWED, DIVORCED (Specify Female December-5-1875 Married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Carroll Co., Maryland U.S.A. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME George W. Keller Comfort Tracey 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown)! (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO None Mrs. Elizabeth A. Cather, 1915 Oak Hill None INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Broncheal freu heart failure, asthenia, etc. It means the disease, injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING orinary site: breast with notaminis RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY' EDICA

21A. ACCIDENT, SUICIDE.

218. PLACE OF INJURY (e.g., in or

INJURY OCCUR?

21c. WHERE DID (If in Baltimore City, give exact location)

HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)

21F. HOW DID INJURY OCCUR?

D. TIME (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED

The deceased from Feb. 120 50, to any 262, 1951, that I last saw the m., from the causes and on the date stated above. deceased alive on L. and that death occurred at 23A. SIGNATU

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

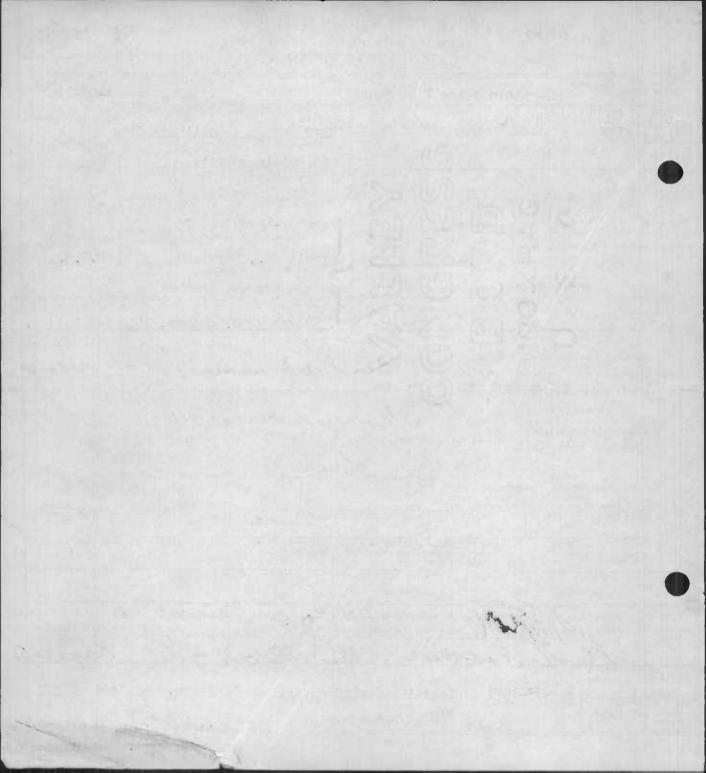
Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

Lorraine Park Cemetery | Woo ADDRESS REGISTRAR'S SIGNATURE

Stewart & Mowen Co., 108 W. North Avenue, The second second VS 150

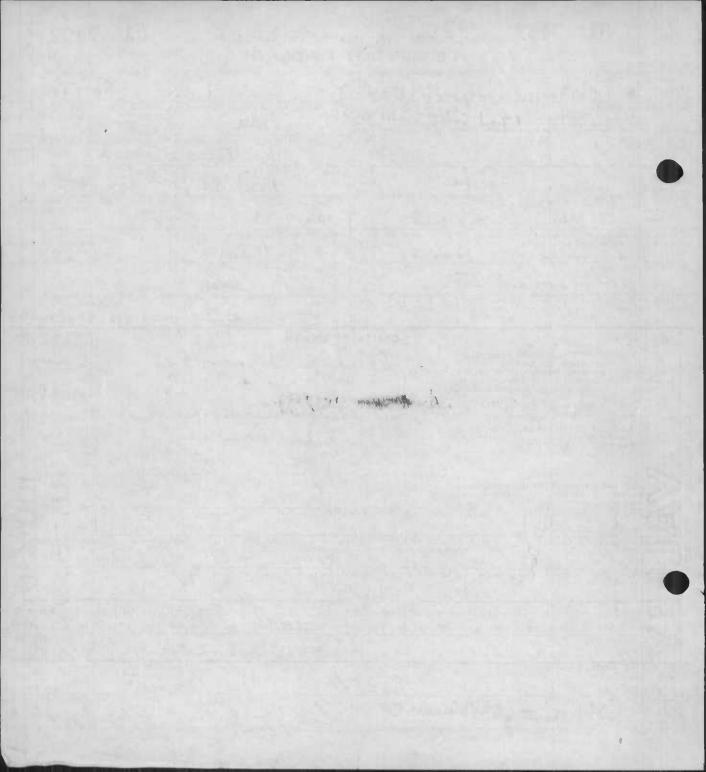
24c. NAME OF CEMETERY OR CREMATORY



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7a97
Registered No.

BI	RTH NO.						
	NAME OF DI ype or Print)	Katherine	Joynes	(Carr))	DEATH	-26-51
	Baltimore C	ity, Maryland	for clift	0	4. USUAL RESIDENCE	(Where deceased lived. B. COUNT	If institution: residence hafere admission)
H	FULL NAME OSPITAL OR	OF (If not in hospit:	alor institution lgive	street address or location)	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give township
			Din	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Length of st	tay in Baltimore	Life	Mos. Days	1761	cliftere	w are
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARI	ORCED (Specify)	8. DATE OF BIRTH	9 AGE (in years last birthday)	H Under I Year H Under 24 Hours Alonths, Days Hours: Min.
	done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND OF BU	INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S N		millon		14. MOTHER'S MAIDEN	NAME 2	, v
		D EVER IN U. S. ARMED (If yes, give war or date		OCIAL ECURITY NO.	17. INFORMANT		ADDRESS 761 Clift new m
Ī	18. 4	/~ ×	•	CAUSE C	OF DEATH	0	INTERVAL BETWEEN
	DISEAS	EE OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea	TH of dying, e. g.,	(A) Cere	hal Hern	verhge	2 days
		complication which		UE TO			
7		ANTECEDENT CAUS	SES	Hyper	tensin Card	io-Renal	years?
CALIO	RISE TO T	S OR CONDITIONS, 1 HE ABOVE CAUSE (A) FING CONDITION LA	STATING THE D	UE TO Va.	culor Dis	isse	
1		11	M	(C) .			
CERT	TRIBUTING	GIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE O	F OPERATION 1	9B. MAJOR FIND	INGS OF OPERA	NOIT		20. AUTOPSY?
EDIC	21A. ACCIDE HOMICIDE	NT. SUICIDE, (Specify)		INJURY (e. g., in pry.street, office bldg., et		(If in Baltimore City	give exact location)
2	ID. TIME ((Month) (Day) (Year)	(Hour) 21E. IN WHILE AT WORK	JURY OCCURRE	D 21F, HOW DID INJ	URY OCCUR?	
	22. I hereb	y certify that I att		7	25, 1951, to	ang 26 , 194	L, that I last saw the
	deceased al	live on any 26		at death occur		m the causes and on	the date stated above.
	23A. SIGNAT	. Dan	do	M. D.	3218 East	tem ove	8-27-5/
2 TI	4A. BURIAL, ON, REMOVAL (S	specify:	0-51 24c. N		RY OR CREMATORY 240	Balto	yn, or county) (State)
DI	ATE RECEIVE	D BY DECISTOAD	atom / YHURN	us, ALB	25. FUNERAL DIRECTO	orlan - 40	3 S. well &
	VS 150	The w	Mary Del Trees.	(Alleria)	10		1312
			1 12	6. 1 11	A 89 1		



5.1 74.98 BIRTH NO.	BALTIMORE CITY HE	73 1 4 1 37
1. NAME OF DECEASED (Type or Print) JOH	IN GLODEK	2. DATE OF DEATH August 27, 1951
a. Baltimore City, Maryland	or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission Maryland
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION Mercy Hospi	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and given Baltimore 260 2 township
orth of stay in Baltimore	Yrs. Mos. Days	o. STREET ADDRESS (If rural, give location) 4311 Sheldon Avenue
5. SEX 6 COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of sould done during most of working life, even if rotired)	108. KIND OF BUSINESS OR INDUSTRY	11. BUTTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Polentino Glodes	K	Marcelo rakubouski
15 WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates or	FORCES? 16. SOCIAL SECURITY NO.	Steep Hodet Bhellow are
18. 1- 90 7 . I DISEASE OR CONDITION E LEADING TO DEAT (This does not mean the mode of	DIRECTLY H Frac	OF DEATH INTERVAL BETWEE ONSET AND DEAT
heart failure, asthenia, etc. It mean injury or complication which ca	s the disease, used death.) MUEXIO X	
Z DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) SUNDERLYING CONDITION LAST	Crusi ANY, GIVING STATING THE OUE TO	hed chest

ERTIF 11

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

EDICAL

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OFERATION

21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or INJURY OCCUR?

21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIBUTING CAUSE OF DEATH. about home, farm, factory, street, office bldg., etc.) Street 210. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

Orleans Street Viaduct 21F. HOW DID INJURY OCCUR?

Fell to ground when scaffold broke

INJURY WHILE AT X NOT WHILE P.m. 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,

and death in my opinion resulted from: natural causes , accident X. suicide . homicide , undetermined .. 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED

24A. BURIAL, CREMA-PLOD, REMOVAL (Specify) 248. DATE

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

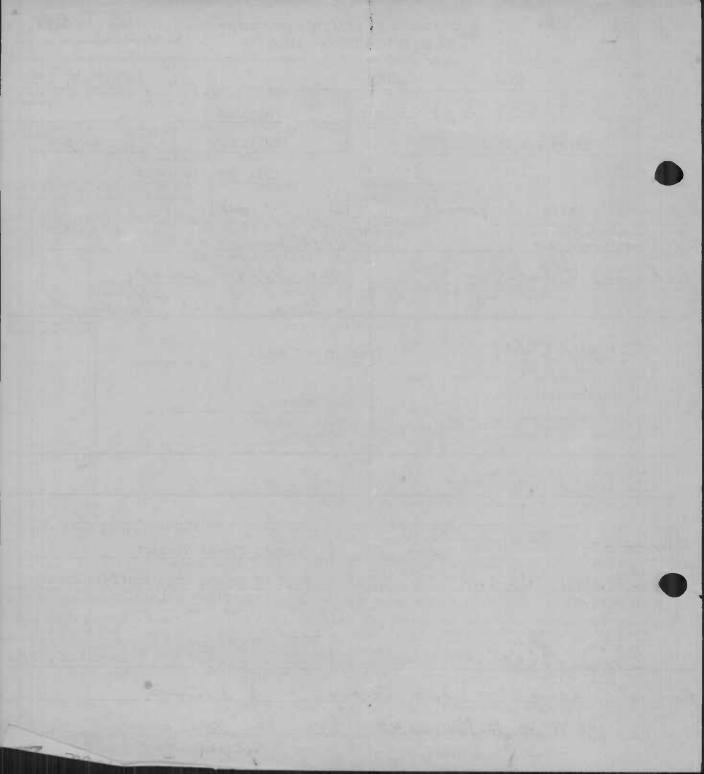
ADDRESS

20. AUTOPSY7

24C. NAME OF CEMETERY OR CREMATORY 2AB. LOCATION (City, town, or county)

LOCAL REGISTRAR

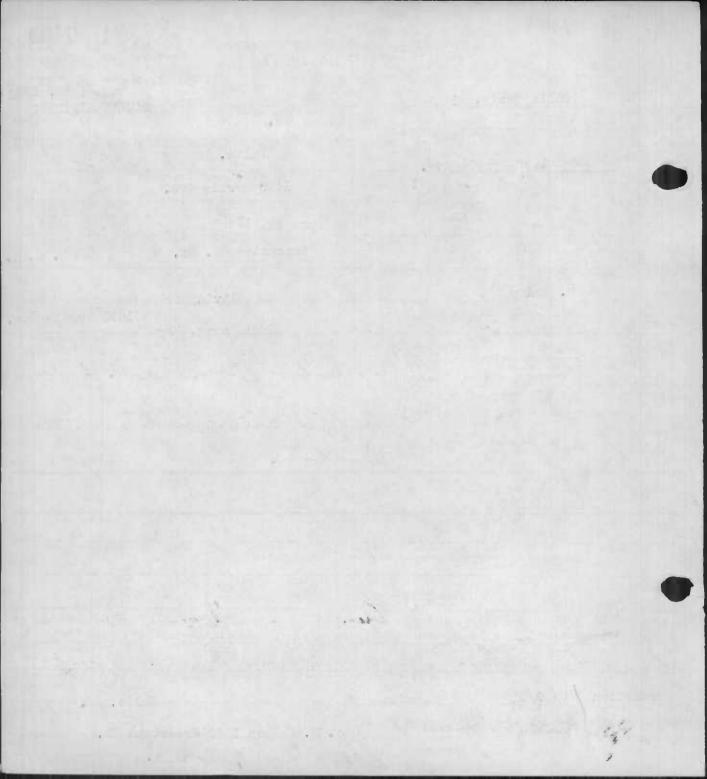
DATE RECEIVED BY



BALTIMORE CITY HEALTH DEPARTMENT

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· 1 L	14	0	1-1

EIRTH NO.			CERTIFICA	E	OF DEATH	1	Registere	eu No.	
1. NAME OF DECE (Type or Print)		Davis,	7.			2	. DATE OF DEATH A	August	26, 195
3. PLACE OF DEAT A. Baltimore City	H: , Maryland			_ A.	STATE Md.	NCE (Wher			fore admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION		al or instituti	on, give street address location	\	CITY OR TOWN	alto.	side corporate l	imits, write R	URAL and give
c. Length of stay			? Yrs	3.	STREET ADDRES	Myrtle	Ave.)	
5 SEX 6.	COLOR OR RACE		MARRIED, ED, DIVORCED (Special	8.	June 24,	1885	AGE (In year last birthday)	Months Day	If Under 24 Hours Hours: Min.
10A USUAL OCCU- work done during most of wo		108. KIND	OF BUSINESS OR		BIRTHPLACE (St Lancast				ZEN OF AT COUNTRY?
13. FATHER'S NAM	H. Wadd	7.7		14	. MOTHER'S MAI				
15. WAS DECEASED (Yes, no or unknown)		FORCES?	16. SOCIAL SECURITY NO	17	INFORMANT		1 Micken	ADDRESS	rrtle Ave
C (This does no heart failure, injury or con injury or con ON CONTROL OF THE UNDERLYIN OTHER SIGN	OR CONDITION ADDING TO DEA' the mean the mode of	TH of dying, e. g ns the disease aused death SES F ANY, GIVIN STATING TH	DUE TO (B) Since (C)	not and	andial and	lin.so	clerx	4 /	D.
19A. DATE OF	PERATION 1	STATE OF THE PERSON NAMED IN	FINDINGS OF OF	ERATI	ON			20 YES	AUTOPSY7
	T WAS UND: K ONTRIBUTING LI		ACE OF INJURY (e. l'arm, factory, street, office blo		21c. WHERE DI INJURY OCCUP		Baltimore Ci	ty, give exac	t location)
TIME (Mo	nth) (Day) (Year		21E. INJURY OCCUI		21F. HOW DID	INJURY O	CCUR?		
22. I hereby of deceased alive 23a. FIGNATUS	on tour 30		deceased from and that death oc	curre	- / / / 1	. //-		n the date	l last saw the stated above.
24A. BURIAL, CRE TION, REMOVAL (Spec Crematic	ify)	1	24c. NAME OF CEME		OR CREMATORY	24b. LOC/	ATION (City, t	own, or count	y) (State)
DATE RECEIVED E LOCAL REGISTRA	Y REGISTRAR	S SIGNATU			FUNERAL DIRE		Presstms	ADDRE	SS
VS 150	- Fran	- THE	A.	14	0. H. /s	alex	and		61



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 7500 Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mrs. Margaret E. Ashley	2. DATE OF DEATH August 27, 1951				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission Maryland				
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location					
INSTITUTION	township				
2D4 W. Lorraine Avenue	Baltimore D. STREET ADDRESS (If rural, give location)				
Mos.					
c. Length of stay in Baltimore 55 years Day:	8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours				
Female White Wildowsp. DIVORCED (Specific Married					
10A. USUAL OCCUPATION (Givekind of rork done during most of working life, even if retired) Asst. Mgr. Stock Room Department Store	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT AOUNTRY				
13. FATHER'S NAME Retired 2 year'S	14. MOTHER'S MAIDEN NAME				
Joseph H. Ross	Annie Jones				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service) (215-10-71)	Grover C. Ashley 214 W. Lorraine Avenue				
	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
(This does not mean the mode of dying, e.g.,	o Vaccelar panal dismasu 2 yrs.				
ANTECEDENT CAUSES	Southern Sing				
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Selevative Office O					
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	0				
(C)	larrue				
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOFST YES NO S				
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg					
CAUSE OF DEATH	DED OF HOW DID INVESTIGATION				
TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR					
ni. WHILE AT NOT WHIL					
22. I hereby certify that I aftended the deceased from 22	husing 1950, to any 27th, 1951, that I last saw th				
deceased alive on ag. 27 4, 1951, and that death occ	urred at 3 30 P.m., from the causes and on the date stated above				
28A. SIGNATURE	236 DATE SIGNED				
George S. E. Crass. M.D.	28 ev 25 le st. 8-28-51				
24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial Aug. 30, 1951 Woodlawn	Raltimore Co., Maryland				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
LOCAL 72 99 1951 Tuttuston Milianus, MA	Burgee Funeral Home 3631 Falls Road				
Marie					
vs 150	Horace F. Durgel 131a				

